

# **Ingredion Incorporated**

## **Pension Benefit Commencement Request**

### **BENEFIT COMMENCEMENT REQUEST FORM FOR PENSION PLAN PARTICIPANTS**

Prior to your benefit commencement from the Plan, you must do the following:

- Review the information below.
- Provide the information requested below, including a copy of your birth certificate, your spouse's or other beneficiary's birth certificate, proof of name change if the name on your or your spouse's birth certificate does not match your or your spouse's current name, and your marriage certificate or a divorce decree, if applicable.
- Elect a benefit start date ["BSD"]. Please note that for the frozen pension plans this can be the first of the month following your termination date. For the Cash Balance plan, the final benefit cannot be calculated until all compensation has been paid out (vacation, STIP, etc.). The cash balance benefit can commence 1-2 months after all compensation has been paid, per the explanation below on choosing a BSD.
- Sign and date this form before returning to Human Resources as instructed below:
  - *Salaried Employees/ Union Employees (Terminated)* - Benefits, 5 Westbrook Corporate Center, Westchester, IL 60154 or email the request to [benefits@ingredion.com](mailto:benefits@ingredion.com)
  - *Union Employees (Active)* - Please send the completed form to your local Human Resources Department.

After you return this form, you will be provided you with a *Benefit Election Package*. This package will inform you of the dollar amounts of the pension benefits available to you under the Plan as of your chosen BSD.

### **EXPLANATION OF PROCEDURE FOR CHOOSING A BENEFIT START DATE**

When you commence benefits under the Plan, your Benefit Start Date [BSD] must be determined in accordance with the following:

- (a) The chosen BSD must be after the date you receive the Benefit Election Package and after you have terminated from Ingredion Incorporated. In order to allow sufficient time to prepare the Benefit Election Package, you should submit this form at least 90 days prior to your BSD.
- (b) Following receipt of the Benefit Election Package, you have the right to take up to 30 days to consider your benefit election.
- (c) You are permitted to revoke any previously made benefit election at any time until the BSD or the end of the 7 day period beginning on the day after you receive the Benefit Election Package, if later.
- (d) Distribution of your benefits may not begin before the 7 day period described above expires (which date may be later than the BSD).
- (e) The chosen BSD must be the first day of a calendar month.
- (f) If you delay submitting your completed Benefit Election Package until shortly before or after your BSD, your payment(s) will be delayed.

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## **GENERAL INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please Print

Address: \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_

Marital Status:        D Single    D Married    D Legally Separated    D Widowed

Spouse's Name: \_\_\_\_\_ (if not married, primary beneficiary's name)  
Please Print

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you were divorced is there a Qualified Domestic Relations Order relating to one or more of the Plans?    D Yes    D No

If yes, Date of Divorce: \_\_\_\_/\_\_\_\_/\_\_\_\_

I will/have terminate(d) from the Company on \_\_\_\_/\_\_\_\_/\_\_\_\_

Union Member - Hourly to Salaried Transfer?    D Yes    D No    If yes, transfer date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **BENEFIT START DATE ELECTION**

Please note that the BSD must be 90 days in the future and be in accordance with the provisions outlined in the enclosed *Explanation of Procedure for Choosing a Benefit Start Date*. Please check all plans that apply.

- Cash Balance Plan for Salaried Employees - I would like my benefit to commence on** \_\_\_\_/\_\_\_\_/\_\_\_\_
- NS LLC Pension Plan for Salaried Employees - I would like my benefit to commence on** \_\_\_\_/\_\_\_\_/\_\_\_\_
- NS LLC Pension Plan for Union Employees - I would like my benefit to commence on** \_\_\_\_/\_\_\_\_/\_\_\_\_
- Hourly Employees Retiree Income Plan - I expect my benefit to commence on** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please sign this form and submit it no earlier than 180 days from your chosen BSD.

I have completed and enclosed the requested information within the required time period. I have also reviewed and understand the *Explanation of Procedure for Choosing a Benefit Start Date*.

Employee Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_