

Ingredion Incorporated Pension Benefit Estimate Request

BENEFIT ESTIMATE REQUEST FORM FOR PENSION PLAN PARTICIPANTS

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

- Review the below form.
- Elect an expected commencement date (ECD).
- Sign and date this form before returning to Human Resources as instructed below:
 - *Salaried Employees* - Benefits, 5 Westbrook Corporate Center, Westchester, IL 60154 or email the request to benefits@ingredion.com

After you return this form, you will be provided with a *Benefit Estimate*. This estimate will inform you of the estimated dollar amount of the pension benefits available to you under the Plan as of your chosen ECD. *Benefit Estimates may only be requested once per calendar year by employees age 50 and older.*

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 of more of the Plans? D Yes D No

If yes, Date of Divorce: ____/____/____

Estimated last day worked with the Company ____/____/____

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

EXPECTED COMMENCEMENT DATE ESTIMATE

Please check all plans that apply. Please note that you should receive your pension benefit estimate approximately eight (8) weeks after receipt of the completed paperwork.

Cash Balance Plan for Salaried Employees – I expect my benefit to commence on ____/____/____

NS LLC Pension Plan for Salaried Employees - I expect my benefit to commence on ____/____/____

NS LLC Pension Plan for Union Employees - I expect my benefit to commence on ____/____/____

I have completed the requested information. I understand that the completion of this form only provides an estimate of my pension benefit. I further understand that if I am retiring and want to take a distribution from my pension plan, I must complete the Commencement Request Form and follow the applicable instructions for the Pension Plan Distribution Process.

Employee Signature: _____ Date Signed: ____/____/____