

**VOLUNTARY SEVERANCE PREMIUM OFFER
IRREVOCABLE ACCEPTANCE**

Name	UID	Cost Center	
Title	Seniority Date	Exchange	State
Work Phone Number	Alternate Phone Number	Home Phone Number	

My acceptance of an offer does not guarantee that I will be approved for the Voluntary Severance Premium Offer. Offers will be granted in accordance with the Memorandum of Agreement Voluntary Severance Premium (MOA).

I understand that by signing this form, I am accepting this offer, which is equivalent to the regular SIPP amount, plus \$50,000; that this severance premium is not a SIPP/ESIPP offer, and by choosing to accept it, I am not entitled to SIPP/ESIPP or any associated benefits; and that I will be notified by the Company if/when my acceptance has been approved. I understand that my signed Acceptance form is FINAL AND IRREVOCABLE after Monday, June 22, 2020 at 5:00 pm Central Time.

Please Check:

- I have reviewed the Supplemental Income Protection Program (SIPP) payment table outlined in 8.03A of the Working Agreement, to calculate my equivalent payment, with the addition of \$50,000 along with the provisions outlined in the MOA.

I understand that my signed acknowledgment will be valid for this offer only:

ACCEPTANCE

Please Check:

- I will accept the provisions of the Voluntary Severance Premium Offer.

You may want to consult with your Tax Advisor regarding the financial implications of your election as the SIPP equivalent payment and addition of \$50,000 will be paid in one lump sum payment less applicable withholding and taxes.

Employee's Signature: _____

Date: _____