

**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:

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**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: \_\_\_\_\_