

Participant Distribution Election
Primal Nutrition, LLC Defined Benefit Pension Plan

To: Plan Administrator

Participant: Kyle Sisson

1. **Election.** I, the undersigned Participant, have read the "Notice to Participant of Distribution Election" and the "Special Tax Notice Regarding Plan Payments" and make the following distribution election: (Choose only one)

- ☒ (a) Qualified Annuity Benefit. I elect to receive the Qualified Annuity Benefit, as explained to me.
[Note: If elected, complete section 3 and no other section.]
- ☒ (b) Waiver of Qualified Annuity Benefit. I waive the Qualified Annuity Benefit and instead elect:
(Choose (1), (2), (3), (4) or (5*))
- ☒ (1) A direct rollover of my entire Vested Accrued Benefit to the IRA or plan designated in Section 2.
- ☐ (2) A direct rollover of the following portion of my Vested Accrued Benefit to the IRA or plan designated in Section 2: _____ (not less than \$500), with the balance paid in lump sum (less income tax withholding).
- ☐ (3) A lump sum payment of my entire Vested Accrued Benefit (less income tax withholding).
- ☐ (4) A single life annuity.
- ☐ (5) A 100% joint and survivor annuity. *

* Does not require spousal consent to waiver of Qualified Annuity Benefit.

2. **Information for Direct Rollover.** [Do not complete unless you check (b)(1) or (b)(2)]

I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of IRA or plan and account number Traditional IRA Brokerage
Account 66452761

If an IRA, name of trustee, custodian or insurer Vanguard

Address to send direct rollover: Vanguard P.O. Box 1110
Valley Forge, PA 19482-1110