



MG4K 11051 800000189240382

MARY PERRY
5321 MARSH DRIVE
ODESSA TX 79762

Confirmation 202681501W822
Request ID 800000189240382
Transaction PARTIAL WITHDRAWAL
Plan Number 11051
Plan Name HALLIBURTON R&S PLAN

Don't let your request expire! Complete, **SIGN** and return **ALL** pages of this application in time to arrive by 10/24/2020.

Questions? Go to www.halliburton.com/totalrewards or call 866-321-0964

Partial Distribution - Withdrawal

Helpful To Know

- If the market value of your account changes before your request is processed, your distribution could be different than the amount shown on this form.
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- You MUST certify your marital status on this form.
- Federal tax regulations and your plan require your spouse's consent for your request. Fidelity cannot process your request without your spouse's notarized signature.

Distribution Details

Terms of Request

Request Date 09/24/2020
Amount Requested \$15,306.00
Cash Amount \$15,306.00 *Pre-tax assets (taxable).*
Federal Withholding Yes
State Withholding No

Values *Could be different if your account value changes.*

Withdrawal as Cash **\$15,306.00**
Includes any tax withholding.
Federal tax withholding **-\$3,061.20**
Includes any amount withheld at your request.
TX state tax withholding **-\$0.00**
Includes any amount withheld at your request.

Delivery and Fees

Delivery Method *Timings are estimates, not guarantees, and start when Fidelity receives all your required materials.*

Cash Amount *Check Sent by regular mail to your mailing address. Allow 7 business days.*

Estimated Cash Amount you will Receive **\$12,244.80**

Estimated Total Transaction Amount **\$15,306.00**

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Form continues on next page ►►



Marital Status Verification *Indicate Marital Status*

☐ Not married ☐ Married *Your spouse must sign this form.*

Spouse's Consent *Spouse to complete. Required by federal tax regulations and by the terms of your plan.*

By signing below, you, the participant's spouse:

- ☐ Voluntarily consent to the transactions(s) indicated on this form, knowing that the participant's request is not valid without your consent.
- ☐ Acknowledge that you may be giving up your right to receive assets from this transaction that would otherwise go to you upon the participant's death.
- ☐ Acknowledge that you cannot take back your consent once this transaction has been processed.
- ☐ Notary services must be from a United States notary, military officer, or consulate.

Spouse must sign the form and have it acknowledged by a notary.

Spouse Signature

SIGN

Certificate of Acknowledgement of Notary Public

On this _____ day of _____, 20____ before me, the undersigned notary public, the above named individual proved to me through satisfactory evidence of identification, which were

_____, to be the person whose name is signed on the preceding or attached document and acknowledged to me that (he)(she) signed for its stated purpose.

Seal impression must be photo-reproducible

Print Notary Name

NOTARY SEAL/STAMP

Notary Signature

Date MM DD YYYY

SIGN

My commission expires ____/____/____.

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Signature and Date You must sign and date.

By signing below, you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Acknowledge that this distribution waives the remainder of your 30 day period to review the notice explaining the plan's rollover rules. | <input type="checkbox"/> Authorize Fidelity to act on all instructions given on this form. | <input type="checkbox"/> Certify that you have received and read the <i>Participant Distribution and Tax Notice</i> , which explains various options for taking a distribution, as well as the potential tax consequences of each option. |
| <input type="checkbox"/> Certify that all information you have provided is authentic and correct to the best of your knowledge. | <input type="checkbox"/> Acknowledge that you have received the <i>Forms of Benefit Notice</i> and the <i>Notice of the Waiver of the Qualified Joint and Survivor Annuity</i> , if applicable. | |

Your Name **MARY PERRY**

Your Signature Required	Date MM DD YYYY	Daytime Phone Number NNN-NNN-NNNN
<div>SIGN</div>		

AVOID PROBLEMS WITH YOUR REQUEST!

Use this checklist to be sure your request is complete:

- ☐ SIGN the form.
- ☐ You must certify your marital status on this form.
- ☐ Have your spouse sign the form in the presence of a notary.
- ☐ Remember to return the ENTIRE application including the first page.

Still have questions?

Call 866-321-0964 (TTY, 1-888-343-0860), business days (except NYSE holidays) from 8:30 a.m. - 8:30 p.m. ET or go to www.halliburton.com/totalrewards.

Ways to Return This Form to Fidelity:

Electronically

Use the Send a Document Action found in the NetBenefits Mobile apps. under Actions Menu.

Regular mail

Fidelity Investments
PO Box 770003
Cincinnati, OH 45277-0065

Overnight mail

Fidelity Investments
100 Crosby Parkway KC1F
Covington, KY 41015

FAX 1-800-347-2805

Make sure the notary seal for your spouse's signature is either inked or shaded. Allow 2 hours for our system to validate receipt of your document (if sending electronically or faxing after 4:00PM Eastern Time, allow until the next business day). An automatic confirmation will be sent to the email address we have on file for you.

On this form "Fidelity" shall mean Fidelity Investments Institutional Operations Company, Inc., 82 Devonshire St., Boston, MA 02109 644062.1.0 (09/2013)

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