

ABB 401(k) Plan Settlement Administrator
P.O. Box 2005
Chanhassen, MN 55317-2005
www.ABB401ksettlement.com

FORMER PARTICIPANT CLAIM FORM

ABC1234567890

Claim Number: 1111111



JOHN Q CLASSMEMBER
123 MAIN ST
APT 1
ANYTOWN, ST 12345

This Former Participant Claim Form is **ONLY** for Class Members who are **Former Participants**, or the authorized beneficiary or alternate payee of a Former Participant (all of whom will be treated as Former Participants). A Former Participant is a person who had an Active Account during the Class Period, but does not have a balance greater than \$0 as of March 27, 2019.

This form must be completed, signed and mailed to the Settlement Administrator with a postmark date no later than **August 3, 2019** in order for you to receive your share of the Settlement proceeds. **Former Participants who do not complete and timely return this form will not receive any Settlement payment.** Please review the instructions below carefully. If you have questions regarding this Claim Form, you may contact the Settlement Administrator via the contact information listed below.

PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT CLAIM FORM

1. Complete this claim form and keep a copy of all pages of your Former Participant Claim Form, including page 1 with the address label, for your records.
2. Mail your completed Former Participant Claim Form, postmarked no later than **August 3, 2019**, to the Settlement Administrator at the following address:

**ABB 401(k) Plan Settlement Administrator
P.O. Box 2005
Chanhassen, MN 55317-2005**

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Claim Form.

3. Other Reminders:
 - You must provide your date of birth, signature and a completed Substitute IRS Form W-9, which is Part 5 to this form.
 - If you desire to rollover your settlement payment, you must complete, in full, the rollover information in Part 4 Payment Election of the Settlement Distribution Form. If you make a claim but do not complete this form, payment, net of taxes, will be made to you in the form of a check.
 - If your address changes after you have sent in your Former Participant Claim Form, you must send your new address to the Settlement Administrator.
 - **Timing Of Payments To Eligible Settlement Class Members.** No settlement payments will be made unless and until the Settlement Agreement receives final Court approval. If the Settlement Agreement is approved and if you are entitled to a Settlement payment under the terms of the Settlement Agreement, your payment will be distributed to you after the Settlement Administrator has verified and processed the information for all Class Members who are entitled to a payment. Payments may be further delayed if any appeals are filed.
4. **Questions?** If you have any questions about this Former Participant Claim Form, please call the Settlement Administrator at 1-866-232-6129. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement. You therefore may want to consult with your financial or tax advisor. Information about the status of the approval of the Settlement, the Settlement administration, and claim processing is available on the Settlement website, www.ABB401ksettlement.com.

You may be eligible to receive a payment from a class action settlement. The Court has approved preliminarily a class settlement in *Tussey, et al. v. ABB Inc., et al.* No. 2:06-cv-4305. That settlement provides allocation of monies to class members with Active Accounts, which means an individual investment account in the Plans during the Class Period. The Plans at issue are the Personal Retirement Investment and Savings Management Plan for Employees of ABB, Inc., or the Personal Retirement Investment and Savings Management Plan for Represented Employees of ABB, Inc. ("Plan(s)"). The Settlement Agreement applies to "Current Participants," defined as a person who had an Active Account in either of the Plans during the Class Period and had a balance greater than \$0 as of March 27, 2019. It also applies to "Former Participants," which means a person who had an Active Account during the Class Period, but does not have a balance greater than \$0 as of March 27, 2019. Former Participants will receive their allocation in the form of a check or rollover if and only if they mail a valid Former Participant Claim Form that is postmarked no later than **August 3, 2019** to the Settlement Administrator. For more information about the settlement, please see www.ABB401ksettlement.com or call 1-866-232-6129.

Because our records indicate that you are a Former Participant (or beneficiary of a Former Participant) in the Plan, you must decide whether you want your payment (1) sent payable to you directly or (2) to be rolled over into another eligible retirement plan or into an individual retirement account ("IRA"). To make that choice, please complete and mail this Former Participant Claim Form, postmarked no later than **August 3, 2019**, to the Settlement Administrator. If you do not indicate a payment election, any payment will be sent via a check payable to you directly.

PART 2: PARTICIPANT INFORMATION

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone or Cell Phone	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Participant's Social Security Number	Participant's Date of Birth	
XXX - XX - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Email Address	M M D D Y Y Y Y	
<input type="text"/>		

Check here if you were a Former Participant, but did not receive this Claim Form in the mail. This may be because you were a participant in the Plan only for a brief period.

PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)

Check here if you are the **surviving spouse or other beneficiary** for the Former Participant and the Former Participant is deceased. **Documentation must be provided showing current authority of the representative to file on behalf of the deceased.** Please complete the information below and then continue on to Parts 4 and 5 on the next page.

Check here if you are an **alternate payee under a qualified domestic relations order (QDRO), or attorney-in-fact** for the Former Participant. The Settlement Administrator may contact you with further instructions. Please complete the information below and then continue on to Parts 4 and 5 on the next page.

Your First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Social Security Number or Tax ID Number	Your Date of Birth	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Your Mailing Address	M M D D Y Y Y Y	
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 4: PAYMENT ELECTION

Payment to Self – A check, subject to mandatory federal and applicable state withholding tax, will be mailed to your address on the previous page.

Direct Rollover to an Eligible Plan – Check only one box below and complete the Rollover Information Section below:

- Government 457(b) 401(a)/401(k) 403(b)
- Direct Rollover to a Traditional IRA Direct Rollover to a Roth IRA *(subject to ordinary income tax)*

Rollover Information:

Company or Trustee's Name *(to whom the check should be made payable)*

Company or Trustee's Mailing Address 1

Company or Trustee's Mailing Address 2

Company or Trustee's City

State Zip Code

Your Account Number

Company or Trustee's Phone Number

_____ — _____ — _____

PART 5: SIGNATURE, CONSENT, AND SUBSTITUTE IRS FORM W-9

UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORMER PARTICIPANT CLAIM FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I SIGNED THIS FORMER PARTICIPANT CLAIM FORM.

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. Person (including a U.S. resident alien).

M M D D Y Y Y Y
| | — | | — | | | |

_____ **Participant Signature**

Date Signed (Required)

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above. The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

QUESTIONS? VISIT: WWW.ABB401KSETTLEMENT.COM, OR CALL 1-866-232-6129