



**JELD-WEN EMPLOYEE STOCK OWNERSHIP AND  
RETIREMENT PLAN**

**JELD-WEN ESOP Litigation**

**Settlement Distribution Request Form**

Be sure to review this Request Form in its entirety, including the Special Tax Notice attached, before you make your election. **Complete all applicable sections, sign and date Section 5 before you return your Request Form to Retirement Benefits.**

We must receive your completed Distribution Request Form within 180 days prior to the date the JELD-WEN ESOP is required to make a distribution to you under the terms of the Settlement Agreement. Because the date the JELD-WEN ESOP is required to make a distribution to you under the terms of the Settlement Agreement is dependent on when the Court approves the settlement, you are encouraged to submit your Completed Distribution Request Form after August 1, 2015 to reduce the likelihood your election would become stale and a new election form would have to be submitted. Distribution Request Forms received before this date may not be processed.

Please complete this form using dark blue or black ink.

**Section 1**

**Personal Information**

Participant Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Social Security # \_\_\_\_\_ **(this must be completed)**

Your Mailing Address:

Check here if this is  
a new address

Address Line 1 \_\_\_\_\_

Address Line 2  
(if needed) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # ( ) - \_\_\_\_\_

Email Address \_\_\_\_\_

**After completing the Personal Information section above, proceed to Section 2**

**Section ② Distribution Election – choose one of the following**

- Cash Distribution Made Payable to Me.** The distribution check will be made payable to me and mailed to the address provided above.
- 100% Direct Rollover** in cash (to the extent it is an eligible rollover distribution) to an IRA or another Qualified Plan. ***You must also complete Section 3 of this form.*** If any portion of your distribution is not eligible for rollover, that portion will be paid to you in cash.
- Partial Distribution Made Payable to Me and Partial Direct Rollover.** ***If you elect a direct rollover of any portion of your distribution eligible for rollover, you also must complete Section 3 of this form.***

Percentage of Cash Distribution Payable to Me: \_\_\_\_\_ %  
Percentage of Distribution as Direct Rollover to IRA/Plan: \_\_\_\_\_ %  
**Total = 100%**

- Stock Distribution.** I want my distribution to be made to me in the form of shares of JELD-WEN HOLDING, inc. stock instead of a check. **Contact the Retirement Benefits department to request a separate Stock Distribution Request Form to make your election as soon as possible.**

**Section ③ Direct Rollover Instructions**

***This section must be completed only if you elected to roll over any portion of your distribution in Section 2. If you elected Cash Distribution Made Payable to me above, skip this section and go to Section 4.***

**Rollover of Distribution to (choose one):**       IRA       Qualified Plan       Roth IRA

The direct rollover payment of my distribution shall be made by check payable to the trustee/custodian designated below, and will be negotiable only by the trustee/custodian of the recipient Plan. The check should be made payable as follows:

Make check payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Account # (if known): \_\_\_\_\_

**Section 4****State Income Tax Withholding**

*This section will apply only if you elected Cash Distribution Made Payable to Me or Partial Distribution Made Payable to Me in Section 2. If you elected 100% Direct Rollover, you can skip this section and go to Section 5.*

*Please check the box for the state in which you live in one of the three sections below to confirm you understand the state tax consequences of your distribution request.*

I am a resident of Delaware, District of Columbia, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Nebraska, North Carolina, Oklahoma, Vermont, or Virginia. I understand mandatory state taxes will be withheld from my distribution at the following rates:

<input type="checkbox"/> Delaware (DE)	5% of taxable amount	<input type="checkbox"/> Michigan (MI)	4.25% of taxable amount
<input type="checkbox"/> District of Columbia (DC)	8.95 % of taxable amount	<input type="checkbox"/> Nebraska (NE)	5% of taxable amount
<input type="checkbox"/> Iowa (IA)	5% of taxable amount	<input type="checkbox"/> North Carolina (NC)	4% of taxable amount
<input type="checkbox"/> Kansas (KS)	4.5% of taxable amount	<input type="checkbox"/> Oklahoma (OK)	5% of taxable amount
<input type="checkbox"/> Maine (ME)	5% of taxable amount	<input type="checkbox"/> Vermont (VT)	5.4% of taxable amount
<input type="checkbox"/> Maryland (MD)	7.75% of taxable amount	<input type="checkbox"/> Virginia (VA)	4% of taxable amount
<input type="checkbox"/> Massachusetts (MA)	5.25% of taxable amount		

**OR**

I am a resident of Arkansas, California or Oregon. I understand state taxes will be withheld from my distribution at the following rates unless I elect not to have state taxes withheld:

<b>Arkansas</b>	5% of taxable amount
<b>California</b>	10% of federal taxes withheld
<b>Oregon</b>	8% of taxable amount

If you are a resident of Arkansas, California or Oregon, and you do not want state taxes withheld from your distribution, please check the box below:

I elect **NOT to have state taxes withheld from my distribution**. If this box is not checked, state taxes will be withheld at the applicable rate.

**OR**

I am a resident of a state listed below. I understand no state tax will be withheld as no mandatory state tax withholding applies.

Alabama (AL)	Illinois (IL)	New Hampshire (NH)	South Dakota (SD)
Alaska (AK)	Indiana (IN)	New Jersey (NJ)	Tennessee (TN)
Arizona (AZ)	Kentucky (KY)	New Mexico (NM)	Texas (TX)
Colorado (CO)	Louisiana (LA)	New York (NY)	Utah (UT)
Connecticut (CT)	Minnesota (MN)	North Dakota (ND)	Washington (WA)
Florida (FL)	Mississippi (MS)	Ohio (OH)	West Virginia (WV)
Georgia (GA)	Missouri (MO)	Pennsylvania (PA)	Wisconsin (WI)
Hawaii (HI)	Montana (MT)	Rhode Island (RI)	Wyoming (WY)
Idaho (ID)	Nevada (NV)	South Carolina (SC)	

**Section 5****Acknowledgement and Certification**

I **reviewed** the enclosed Special Tax Notice Regarding Distributions and understand my distribution choices. I further understand that, if my total Plan Benefit (including the settlement proceeds to which this election relates) exceeds \$1,000, I have the right to defer distribution under the Plan until normal retirement age (which for some participants is attainment of age 65 and for others is the later of attainment of age 65 or having 5 years of service). If I elect a cash distribution now and do not defer distribution, I **understand** that the investment options under the ESOP (including JELD-WEN HOLDING, inc. stock) will no longer be available to me.

I **understand** the tax implications of my distribution election(s) and understand the importance of consulting a tax advisor, if necessary. I certify the information I provided on this form is accurate and complete. This election replaces any prior election I made under this plan.

Federal tax law generally requires that a payment cannot be made sooner than 30 days, nor later than 180 days after I receive this distribution request form. However, my signature below is an affirmative election for the distribution option chosen on this request form and is a waiver of any 30 day waiting period for the distribution to the maximum extent permitted by applicable law. **I understand if 180 days have passed since I received this distribution request form, I am required to receive a new form and must complete and submit another distribution request form to restart the time limit described above.**

CERTIFICATION: I certify with my signature below that the information provided in each completed section of this form is true, correct and complete.

Your Signature

\_\_\_\_\_

Today's Date

\_\_\_\_/\_\_\_\_/20\_\_\_\_

**Section 6****Return This Form to JELD-WEN Retirement Benefits**

Return this form to the JELD-WEN Retirement Benefits department either by mail, fax or email:

**Mail**      **JELD-WEN RETIREMENT BENEFITS**  
**P.O. BOX 1329**  
**KLAMATH FALLS, OR 97601**

**Fax**        **(541) 880-5828**

**Email**     **RetBenefit@jeld-wen.com**