NMLS #179824
4 pages

Brady
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EQUIFAX

EQUIFAX
Attn. Pension Dept. H44
1550 Peachtree Street
Atlanta, Georgia 30309

July 15, 2009

DOROTHY DAMMON

33090 HAINES DRIVE

SLIDELL, LA 70460

Dear DOROTHY DAMMON:

You will find the following forms and information related to your pension benefit from the Equifax U . S. Retirement Income Plan. Your monthly pension benefit begins 08/01/09

1. Instructions for completing your Notice of Retirement Form. (page 1)
2. A Notice of Retirement Form detailing your payment options and applicable authorizations. (pages 2 - 4)
3. An Explanation of the Qualified Joint and Survivor Annuity which describes payment options available to you. (pages 5 - 6)
4. A Federal Tax Withholding Election Statement for withholding of federal taxes from the pension payments. (page 7)
5. A State income Tax Withholding Election Statement for withholding of state taxes for the pension payments. (page 8)
6. A Direct Deposit Authorization Form for pension payment deposits. (pages 9)
7. A Special Tax Notice Regarding Plan Payments that details possible implications of your decision. (page 10 - 12)

Please complete and sign the following:
- ✓ **Notice of Retirement Form (2-4)**
- ✓ **Federal, State and Direct Deposit Forms (7, 8, 9)**

Return to:

EQUIFAX
Attn. Pension Dept. H22
1550 Peachtree Street
Atlanta, Georgia 30309

If you are married and you elect option (5), (6), (7), or (8) in the Options Available section, or if you choose a Beneficiary other than your spouse, your spouse must sign the **"Spousal Consent"** section on the **Notice of Retirement** form. Your spouse's signature must be notarized.

If you are not married, please indicate your single status on the 3rd section (page 4 of 11) of the Notice of Retirement Form.

Also as part of ensuring that the benefits are computed correctly, we must have evidence of age on you. And evidence of age on your beneficiary if you choose one of the Joint & Survivor Annuity option. See list on the Notice of Retirement Form for acceptable evidence.

In order to begin receiving your benefits from this Plan effective 08/01/09 you must return your completed package to the Compensation and Benefits department by ASAP. Otherwise, benefits may be delayed.

If you submit your completed package after 12/01/09 you will receive a new retirement package with a future begin date and the benefit amount re-computed in order to take into account the delayed commencement of your benefits.

Please contact the Equifax Inc. Human Resource Information Center at 1-800-316-3022 if you have any questions regarding this benefit

2

EQUIFAX

EQUIFAX
Attn. Pension Dept. H44
1550 Peachtree Street
Atlanta, Georgia 30309

July 15, 2009

DOROTHY DAMMON

33090 HAINES DRIVE

SLIDELL, LA 70460

Dear DOROTHY DAMMON:

You will find the following forms and information related to your pension benefit from the Equifax U . S. Retirement Income Plan. Your monthly pension benefit begins [redacted]

1. Instructions for completing your Notice of Retirement Form. (page 1)
2. A Notice of Retirement Form detailing your payment options and applicable authorizations. (pages 2 - 4)
3. An Explanation of the Qualified Joint and Survivor Annuity which describes payment options available to you. (pages 5 - 6)
4. A Federal Tax Withholding Election Statement for withholding of federal taxes from the pension payments. (page 7)
5. A State income Tax Withholding Election Statement for withholding of state taxes for the pension payments. (page 8)
6. A Direct Deposit Authorization Form for pension payment deposits. (pages 9)
7. A Special Tax Notice Regarding Plan Payments that details possible implications of your decision. (page 10 - 12)

[redacted] (7, 8, 9)

Return to:

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Attn. Pension Dept. H22
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Atlanta, Georgia 30309

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In order to begin receiving your benefits from this Plan effective [redacted] you must return your completed package to the Compensation and Benefits department by [redacted]. Otherwise, benefits may be delayed.

If you submit your completed package after [redacted] you will receive a new retirement package with a future begin date and the benefit amount re-computed in order to take into account the delayed commencement of your benefits.

Please contact the Equifax Inc. Human Resource Information Center at 1-800-316-3022 if you have any questions regarding this benefit

4

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Mid-America Program Service Center
601 East Twelfth Street
Kansas City, Missouri 64106-2817
Date: January 18, 2012
Claim Number: 451-88-1636HA

014544 1 AV 0.340 0065 LTN T24 PC6 0111
DOROTHY L DAMMON
33090 HAINES DR
SLIDELL LA 70460-4072

We will no longer deduct money for your health plan premium(s) from your monthly benefits.

What We Will Pay And When

- You will receive $7.30 around January 26, 2012.
- This is the money you are due through December 2011.

This payment includes a refund of your health plan premiums.

- You will receive $1,283.00 for January 2012 around February 22, 2012.
- After that you will receive $1,283.00 on or about the fourth Wednesday of each month.

Information About Your Health Plan Premiums

If you have any questions about your health plan premiums, please contact your health plan(s).

Information About Your Medicare Prescription Drug Plan Costs

We deducted $27.00 for your Medicare prescription drug plan costs from the check you will receive for January 2012 on or about February 22, 2012.

This represents all Medicare prescription drug plan costs due to date.

Each month, we will continue to deduct $27.00 for your Medicare prescription drug plan costs.

If you have any questions about your Medicare prescription drug plan costs, please contact your Medicare prescription drug plan.

C

See Next Page

PAYER'S Name, Street Address, City, State and ZIP code

EQUIFAX INC PENSION PLAN
C/O BNY MELLON ASSET SVC
P O BOX 458
EAST SYRACUSE, NY 13057

Customer Service Telephone Number: (800) 634-7936

RECIPIENT'S Name and Address

Forwarding Service Requested

0168527
EQF01M

MLN035 T362 1 OF 1 **AUTO**3-DIGIT 704
DOROTHY DAMMON
33090 HAINES DR
SLIDELL, LA 70460-4072

1 Gross distribution $ 2,109.60	2a Taxable amount $ 2,109.60	OMB No. 1545-0119 **2011** Form 1099-R: Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. This information is being furnished to the Internal Revenue Service.
2b Taxable amount not determined ☐	Total distribution ☐	
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $	
5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
7 Distribution code(s) 2 / IRA/ SEP/ SIMPLE	8 Other $ %	**COPY C** For Recipient's Records
9a Your percentage of total distribution %	9b Total employee contributions $	
12 State tax withheld $	13 State/Payer's state no. LA/1515774001	14 State distribution $ 2,109.60
15 Local tax withheld $	16 Name of locality	17 Local distribution $

PAYER'S Federal ID number	RECIPIENT'S ID number	Account number (see instructions)
37-1575539	XXX-XX-1636	EQF01M 310000

10 Amount allocable to IRR within 5 years $ | 11 1st year of desig. Roth contrib.

FORM 1099-R (keep for your records) Department of the Treasury - Internal Revenue Service

PAYER'S Name, Street Address, City, State and ZIP code

EQUIFAX INC PENSION PLAN
C/O BNY MELLON ASSET SVC
P O BOX 458
EAST SYRACUSE, NY 13057

Customer Service Telephone Number: (800) 634-7936

RECIPIENT'S Name and Address

DOROTHY DAMMON
33090 HAINES DR
SLIDELL, LA 70460-4072

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5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
7 Distribution code(s) 2 / IRA/ SEP/ SIMPLE	8 Other $ %	**COPY 2** File this copy with your state, city, or local income tax return, when required.
9a Your percentage of total distribution %	9b Total employee contributions $	
12 State tax withheld $	13 State/Payer's state no. LA/1515774001	14 State distribution $ 2,109.60
15 Local tax withheld $	16 Name of locality	17 Local distribution $

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FORM 1099-R Department of the Treasury - Internal Revenue Service

PAYER'S Name, Street Address, City, State and ZIP code

EQUIFAX INC PENSION PLAN
C/O BNY MELLON ASSET SVC
P O BOX 458
EAST SYRACUSE, NY 13057

Customer Service Telephone Number: (800) 634-7936

RECIPIENT'S Name and Address

DOROTHY DAMMON
33090 HAINES DR
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5 Employee contributions /Designated Roth contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $	
7 Distribution code(s) 2 / IRA/ SEP/ SIMPLE	8 Other $ %	**COPY B** Report this income on your federal tax return. If this form shows federal income tax withheld in Box 4, attach this copy to your return.
9a Your percentage of total distribution %	9b Total employee contributions $	
12 State tax withheld $	13 State/Payer's state no. LA/1515774001	14 State distribution $ 2,109.60
15 Local tax withheld $	16 Name of locality	17 Local distribution $

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FORM 1099-R Department of the Treasury - Internal Revenue Service