

November 4, 2012

0074580  
CHARLES C DAMMON

Pension Cashout Election Form

**Lockheed Martin Corporation Salaried Employee Retirement Program (Retirement Income Plan)**

**Lump Sum Payment Election for Your Pension Plan Benefit**

Complete this section if you wish to receive your benefit as a lump sum distribution. Do not make an election in the "Monthly Annuity Payment Election for Your Pension Plan Benefit section."

The lump sum payable to you as of December 1, 2012 is **\$15,130.03**.

To elect a lump sum for your benefit, check **only** the box next to the lump sum payment method below and write your initials on the line next to the checked box. You will also need to make your distribution election under "Your Distribution Election for Your Lump Sum Benefit" and complete the "Spousal Consent" section, if you are married.

**Your Distribution Election for Your Lump Sum Benefit**

Check the applicable box and write your initials on the line next to the checked box to elect the distribution method for your lump sum benefit. Any payment made directly to you will have 20% federal and applicable state income taxes withheld. For a partial direct rollover, fill in the applicable rollover amount; the remainder of your distribution will be paid to you.

  Entire Distribution Paid to Me

\_\_\_  Entire Direct Rollover

\_\_\_  Partial Direct Rollover: \$ \_\_\_\_\_ (Minimum \$500 Rollover).  
The remainder of the distribution will be paid to me.

If you have elected any direct rollover, complete the "Direct Rollover Payee for Your Taxable Distribution" section at the end of this form.

**Monthly Annuity Payment Election for Your Pension Plan Benefit**

If you wish to receive your pension benefit as a lump sum, do not complete this Monthly Annuity Payment Election section.

If you want to receive your benefit as a monthly annuity, check **only** the box next to one of the monthly annuity payment methods and write your initials on the line next to the checked box.

**Monthly Payment Methods**

\_\_\_  Life Only (No Beneficiary) (Automatic Payment Method)

### Certification of Marital Status

You must certify your marital status in order for your benefit elections to be processed.

Mark the applicable box below and write your initials on the line next to the checked box. Sign the "Authorization for Your Elections" at the end of this form to complete the certification of your marital status.

Not Married — I certify that I am not married.

Married — I certify that I am married and that the marriage information I have provided below is accurate and complete. (Remember to provide a copy of your marriage certificate and proof of your spouse's date of birth, if applicable.)

\_\_\_\_\_  
Spouse's Name (Please Print)

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Spouse's Date of Birth

\_\_\_\_\_  
Date of Marriage

### Data Verification

You must verify the accuracy of the following information by checking the boxes below and writing your initials on the line next to each checked box. If any of the information next to either of the two boxes below is not correct, your election will not be valid using this current package. You must contact the Lockheed Martin Employee Service Center immediately in order to update your information and request a new package.

My date of birth is 9/3/1962.

I certify that I have not become divorced while an employee of Lockheed Martin or any of its predecessors.



### Authorization for Your Elections

You must sign and date this Authorization and provide your Social Security Number in order for your elections to be effective.

Read the enclosed *Special Tax Notice* and then sign this authorization.

*I hereby certify that all information I have provided in support of my elections is true and correct in every respect. I have read the information in my Pension Calculation Statement about deferring my pension benefit, and I acknowledge that I have the right to defer my pension benefit. I have received and read the Special Tax Notice and authorize the elections and any beneficiary designations made above. I understand that once my retirement becomes effective, I cannot change my payment method or my joint annuitant under any circumstances. I further understand that all benefit amounts are subject to audit and verification of records and/or personal information and may be adjusted in accordance with plan provisions. Finally, I understand that I will be notified in writing before any changes are made to my pension benefit.*

Charles C. Dammon  
Signature

11-19-12  
Date

437-31-0264  
Social Security Number (REQUIRED)

**Be sure you have followed the steps outlined in your *Pension Distribution Checklist* when completing your *Pension Cashout Election Form* and assembling the required documentation.**