

**ALEXANDER & BALDWIN, INC. INDIVIDUAL
DEFERRED COMPENSATION PLAN**

Plan 89586

PAYOUT FORM

1 PARTICIPANT INFORMATION

CHECK IF NEW ADDRESS

(If not, completion of your address is not required. Fidelity will use address in their records.)

Social Security Number

Last Name

First Name

M.I.

Street Address or Box Number

City

State

Zip Code

Birth Date (month, day, year)

Daytime Phone

Please check the appropriate type of transaction:
Event Date _____

Termination
(Complete Sections 3, 4 & 5)

Retirement
(Complete Sections 3, 4 & 5)

Disability
(Complete Sections 3, 4 & 5)

Death Benefit
(Complete Sections 2, 3, 4 & 5)

2 DEATH BENEFIT PAYOUT ONLY - NOT A BENEFICIARY DESIGNATION

SSN of Beneficiary

Spouse

Non-Spouse

Name

Street Address:

City:

State:

Zip Code:

Birth Date:

If more than one Beneficiary, each must complete a PAYOUT FORM and the forms must be submitted together to Fidelity by the Plan Administrator.

Note: ROLLOVER distribution is not available to a non-spouse beneficiary.

3 FORM OF DISTRIBUTION - 20% Federal Income Tax will be withheld from taxable portion of distribution not rolled over into an IRA or another Eligible Employer Plan.

Liquidate entire account, Choose one;

Check payable to me

Electronic Funds Transfer (EFT) to my checking or savings account

To set up your EFT instructions, you will be required to call the Fidelity Retirement Benefits Line at 1-800-835-5098 or log on to Fidelity NetBenefits at www.401k.com.

Rollover (complete section 4.)

Installment Distribution [irrevocable once in pay status]:

Specified Amount \$ _____ Frequency (Choose one): Monthly Quarterly Annually

Check payable to me

Electronic Funds Transfer (EFT) to my checking or savings account [see set up instructions above]

4 ROLLOVER INFORMATION - 20% Federal Income Tax will be withheld from taxable portion of distribution not rolled over into an IRA or another Eligible Employer Plan.

I would like to Rollover _____% of my taxable portion of this distribution to:

Choose one:

- 1 Fidelity Brokerage IRA
(Attach Rollover IRA Application)
- 2 Existing Fidelity IRA
Account # _____
- 3 IRA Outside Fidelity
- 4 Eligible Employer Plan

Name of Outside IRA Trustee or Eligible Employer Plan Sponsor:

(The check will be payable to the new trustee but mailed to your address)

Contact Name/Phone Number:

NOTE: A check for any remaining balance will be issued to you.

5 SIGNATURES

Participant or Beneficiary

Date

100%
Vesting

Beneficiary

Administrative Committee

Date