

1. Participant Iden	ntification	Please Print	
Windstream 401(k) Plan # 609951		Social Security Number
Name:			
Street Address:	Last	First	MI
City:		State:Zip:	
2. Instructions			
(k) Plan, and include your	Social Security numbe <i>Ne<mark>rrill Lynch and Co. an</mark></i>	d make your certified bank check or money order payab r in the memo section of your check. Please call 1 d its subsidiaries may not accept money orders that it	-800-228-401K if you have any questions
3. Mail Your Paym	ent To:		
		Retirement & Benefit Plan Services 1400 American Blvd. Mail-Stop NJ2-140-03-50 Pennington, NJ 08534	
2) Enclose your certification3) Keep a copy of this	d sign this form (see last ed bank check or money form for your records. form to the above addres	order made payable to the: "Trustee for Windstream 40	1(k) Plan"
4. Loan Details			
	TOTAL AMOUN	T OF DEPOSIT \$	
LOAN PAYOFF:	LOAN #:	LOAN TYPE:	
			or Principal Residence)
LOAN PAYMENT:	LOAN #:	LOAN TYPE:(General Purpose	or Principal Residence)
returned to you at the above	e address. If the amou	o principal only and that any amount that exceeds the rount does not satisfy the required loan payoff amount, payment must be an exact multiple of the expected pay	this payment will be returned to you at
	it is being made in accor	dance with the provisions of the plan. I further acknowled in accordance with the terms and conditions specified the	-
Participant's Signature			_ Date
		Office Use Only	
	Date Received by	•	

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Smith incornorated (N/II DEVEN)	and other subsidiaries of Bank of Afriend a wholly owned subsidiary of Bank of A	
	t makes available products and services and other subsidiaries of Bank of Americ	

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