

2001 Spring Road, Suite 700
Oak Brook, IL 60523
800.618.6177 Telephone
630.472.5312 Fax
LPS@mtrustcompany.com E-mail
www.mtrustcompany.com

ASSET IMPAIRMENT NOTIFICATION

This form should be completed to direct a valuation change related to an asset impairment, defined as an identifiable event that demonstrates that a complete or significant loss has been sustained on an asset being held in your Millennium Trust Company ("Millennium") account. After completion of this form, please print, sign and return with all supporting documentation associated with the change in valuation. Please note that Millennium will notify you if additional information is needed or if we received conflicting information. If you do not provide supporting documentation and you direct Millennium to attempt to obtain support documents and information, this process could take up to 3 months.

For assistance with this form, please contact a Client Service Specialist at 800.618.6177. (Hours: Monday-Friday, 8:00 am to 4:30 pm Central Time.)

A Account Owner	r Information									
	Account Owner	Account Owner Name:								
	Millennium Acco	Millennium Account No.:				Daytime Phone No.:				
	E-mail Address:									
Please select one:	Account Type::		Traditional IRA		I Inherited T	raditic	nal IRA 🛚 🗖	SIMPL	E IRA	
			Roth IRA		I Inherited R	oth IR	4 🗆	SEP IR	А	
			Non-Retiremen	t Cus	todial Accoun	t	□ Solo 401(k	:)/Profit :	Sharing Plan (PSP)	
B Asset Informat	tion									
	Asset Name:									
	Requested Value	Requested Valuation:								
	Briefly describe	Briefly describe why the valuation of this asset should be cha								
Please select one:	Asset Status:		Sankruptcy		Litigation		Receivership		In Liquidation	
		□ R	estructuring		Worthless		Other:			
	D/a a									

Please continue to page two to complete this form.



C Required Supporting Documentation								
Please select one:	•		I am submitting the following documentation in support of the Requested Valuation listed above:					
				3 Bankruptcy, Fo	reclosure, or other Court	Documents		
				requested valu		respondence - Must include confirmation of n explanation of what occurred to cause the		
					ust include confirmation or all previous K-1s.	of all contributions and distributions since		
			С	Final Valuatio distributions si		lude confirmation of all contributions and		
				1 Other:				
			hereby dire and agree t this asset, a documents	ct Millennium to a hat Millennium is and there is no g and information.	attempt to obtain support not responsible in any wa warantee that Millennium I understand that Millen	ray a special non-refundable fee of \$150 and a documents and information. I acknowledge y, and retains no liability, for the valuation of a will be able to obtain appropriate support nium will notify me if it is unable to obtain ecial fee made payable to Millennium Trust		
D Asset Contact	t In	fori	mation					
Please add all contacts that are applicable.	>	Spo	onsor/Comp	any:				
that are applicable.		Cor	ntact Name:					
		Add	dress:					
		City	/ :		State:	Zip:		
		E-m	nail:			Daytime Phone No.:		
	•	Red	ceiver/Truste	e:				
		Firn	n Name:					
		Add	dress:					
		City	/ :		State:	Zip:		
		E-m	nail:			Daytime Phone No.:		
	•	Pro	missory Not	es/Mortgages:				
		Bor	rower Name:					
		Add	dress:					
		City	/ :		State:	Zip:		
		E-m	nail:			Daytime Phone No.:		

Please continue to page three to complete this form.

Borrower's Tax ID/Social Security No.:

ALT-031 01-20

E Efforts to Receive Payment

If additional lines are necessary, list on a separate sheet titled "Addendum A".

 Please provide details regarding the efforts you have made to receive payment from the Sponsor or Borrower.

Please select yes or no.

► Have you received any distributions or liquidations of this asset outside of your Millennium account or collected any collateral associated with this asset?
□ Yes
□ No

If yes, please describe including amounts and dates.

Review Process

Upon receipt of this Asset Impairment Notification, Millennium Trust will review the form and supporting documentation to determine if sufficient evidence has been provided to change the status to an "impaired asset". An "impaired asset" is an asset that is worthless, pending recovery, or currently involved in litigation, receivership, bankruptcy or some other type of restructuring or legal proceeding where the market and potential for recovery is generally uncertain. You will be notified if the asset is determined to be "impaired". This notice will ask you to select one of the following options to determine your direction for this asset.

- Millennium Trust will change the valuation of the asset in your Millennium account to the fair market value or \$10.00 if the value is \$0.00 or unknown, and distribute the asset to you. Millennium will no longer custody this asset in your account. Millennium will be resigning on the asset, so federal and state tax will not be taken out of this disbursement.
- Millennium Trust will change the valuation of the asset to the fair market value or \$0.00 if the value is
 unknown, and continue to custody the asset. Millennium Trust will continue to charge account fees in
 accordance with your current fee schedule.

If Millennium determines that the evidence presented is insufficient to classify the asset as "impaired" you will receive notification regarding our findings or a request for additional information.

Please continue to page four to complete this form.

ALT-031 01-20

G Account Owner's Certification & Signature

I certify that the information I have provided is true and accurate. I acknowledge and agree that: (1) Millennium is not responsible in any way and has no liability for the valuation reported for this asset; (2) Millennium has not provided investment, tax or legal advice; and (3) to the extent I deemed appropriate I have consulted my investment, tax or legal advisor. I indemnify Millennium Trust Company, LLC, its affiliates, successors, and assigns, from any and all liability arising from this request.

If I have elected to have Millennium continue to custody this asset, I understand and agree that any potential recovery on this asset is to be paid directly to my Millennium account and not to me personally. If any recovery is paid to me directly, I will inform Millennium of the amount and date of payment received. I understand that payments I receive directly from my IRA and/or Solo 401(k)/PSP may be eligible for rollover to a retirement plan.

If the asset is being disbursed, I authorize and direct Millennium as my Custodian to make the distribution. I understand that I am responsible for all federal, state and local taxes, as well as estimated tax payments and penalties, if applicable.

Please sign and date				
as Account Owner.	Signa	iture:		Date:

ALT-031 01-20