

OPT-IN NOTICE

I, _____, hereby opt-in to the Company ADR Process as described in the attached notice.ⁱ

To Objectors: By signing this form, Objector hereby confirms it has a good faith basis for making an Objection and seeking funds that would otherwise be distributed to Eligible Policyholders.

Signature

Print Name

Date

If you have any questions about this form or the ADR Process, you may call 888.998.7871.

Return to:

If by mail:
MLMIC Insurance Company
Two Park Avenue, Room 2500
New York, NY 10016
Attention: Conversion Coordinator

If by e-mail: conversion_coordinator@mlmic.com

ⁱ Participation in the Company ADR Process requires both the Objector and the Eligible Policyholder to sign and return a copy of the Opt-In Notice.