# Retirement Benefits

**UAW-Ford Retirement Plan Summary Plan Description, August 2018**

**For UAW-Ford Retirees (Deferred Vested In-Pay)**


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# Retirement Plan Overview

An important source of income after you retire is available from the Ford-UAW Retirement Plan (Plan). The Plan became effective March 1, 1950, and has been amended many times since then.

The retirement benefit you are receiving was determined by the provisions of the Plan in effect when you retired or terminated employment. The amount of your benefit at retirement may have changed as a result of Plan amendments, redetermination at age 62 and one month or your subsequent eligibility for Social Security Disability benefits.

## For More Information

***If you have any questions about your retirement benefits, write or call:***

**Ford-UAW Retirement Board of Administration**
P.O. Box 6050
Dearborn, MI 48121
1-800-829-8833

## Keeping Current

It is important that you keep your current home address on file with the Ford-UAW Retirement Board of Administration ("Retirement Board") so you will receive your taxable income statement (Form 1099-R) and other important information about your retirement benefits. Payments and Plan information or announcements could be delayed if you move and do not provide your new address.

If your address does change, complete and submit the address change form included with your retirement check (or advise the Retirement Board). You may also update your address online at **myfordbenefits.com** or by notifying the National Employee Services Center (NESC) at 1-800-248-4444.

## About This Summary

This handbook contains a description of the benefit available to eligible hourly UAW-represented retirees (and their eligible dependents) of Ford Motor Company under the Collective Bargaining Agreement effective November 23, 2015. It is meant to provide a brief overview of how the Plan works. The detailed provisions of the Plan, not this summary, govern the actual rights and benefits to which you may be entitled. If there is a conflict between this summary and the Plan document, the Plan document will control. You can obtain a copy of the Collective Bargaining Agreement by writing to the Retirement Board. You also can review a copy of the Collective Bargaining Agreement at your former work location.

# Retirement Benefits

Regardless of your type of retirement (Normal, Regular Early, Special Early, Disability or Deferred Vested), your benefit is based on your credited service, Plan provisions in effect at the time of your retirement (or termination of employment if Deferred Vested) and, any subsequent amendments applicable to you as a retiree.

***The UAW-Retirement Plan pays:***

- Life Income Benefit
- Temporary Benefit
- Supplemental Allowance

The Life Income Benefit is a “lifetime” benefit. If you met the requirements for this benefit, you will receive payments for as long as you live.

If you qualified for a Special Early or Disability Retirement, you may be receiving a Temporary Benefit. If you elected a Regular Early Retirement, you may be receiving a Supplemental Allowance.

***The Temporary Benefit and Supplemental Allowance are intended to supplement your retirement income until the earlier of:***

- Age 62 and one month*
- The date you become eligible for a Social Security Disability benefit or other Social Security benefit not reduced because of your age

* *Or until you are eligible for 80% of your full Social Security benefit if you were born between 1/1/44 and 9/14/49.*

# Disability Retirement

If you retired from the Company on a Disability Retirement, Disability Retirement benefits end when you no longer meet the requirements for total and permanent disability. At that time, you may retire on a non-disability retirement if you meet the eligibility requirements, or if approved by the Retirement Board, you may return to work for the Company. If you remain disabled until you reach age 65, your Life Income Benefit will continue.

## Definition of Disability

***You are considered totally and permanently disabled under the Plan if the Retirement Board determines that:***

- You have an injury or disease that prevents you from engaging in any regular occupation or employment with the Company at the plant or plants where you had seniority
- You are not engaged in any regular occupation or employment for pay or profit excluding occupation or employment determined by the Retirement Board to be either for rehabilitation purposes or necessary for you to avoid a reduction or termination of Workers' Compensation benefits under the applicable state law
- Your disability is considered to be permanent and continuous for your lifetime

If you become disabled after you retire, you do not qualify for Disability Retirement under the Plan.

## Receipt of Social Security Disability or Unreduced Social Security Benefit After Retirement

Supplemental Allowances and/or Temporary Benefits are benefits generally provided until you are eligible for Social Security benefits. You must notify the Retirement Board if you become eligible for a Social Security Disability benefit or other unreduced Social Security benefit after retirement.

**IMPORTANT NOTICE**

**It is important that you notify the Retirement Board immediately if you are approved for Social Security Disability benefits.**

**Please be aware that receipt of a lump-sum retroactive Social Security Disability benefit may cause a significant overpayment of your Retirement Plan benefits.**

**Any overpayment that is not repaid could severely affect future Retirement Plan payments until the overpayment is fully recovered.**

**Any Supplemental Allowance or Temporary Benefit you receive after you become eligible for a Social Security Disability benefit or other Social Security benefit not reduced because of your age, will be recovered from your future Life Income Benefit. If you notify the Retirement Board within 15 days after your receipt of a retroactive Social Security Disability award, the overpayment amount of any Temporary Benefit or Supplement for the earlier period will be reduced by the attorney fees awarded by Social Security for a successful appeal not exceeding 25% of the award. You will, however, need to pay the Plan within 30 days of written notice of the award of the net overpayment.**

## Special Disability Survivorship Coverage

***If you retired on a Disability Retirement before age 55 with less than 30 years of credited service, your spouse will be entitled to the Special Disability Survivorship Coverage if:***

- You and your spouse have not rejected the Special Disability Survivorship Coverage
- You have been married for at least one year at your death
    - If you die during the month the survivor coverage was to become effective, your surviving spouse will receive the surviving spouse benefit elected.

If you die while this coverage is in effect, 50% of your reduced Life Income Benefit will be paid for the lifetime of your spouse. Payments will begin on the first of the month following the month you would have been age 55.

Your spouse will not receive a benefit in any month he or she is receiving a Transition or Bridge Survivor Income Benefit under the Life and Disability Insurance Program.

If you had the Special Disability Survivorship Coverage in effect before age 55, remember that this coverage remains in effect only until you reach age 55. At that time, you may elect the automatic 65% Survivorship Coverage or the Optional 75% Surviving Beneficiary Benefit, unless you and your spouse reject the coverage. The Retirement Board will notify you of applicable provisions shortly before your 55th birthday.

If your spouse dies or you are divorced before you reach age 55, the provisions regarding cancellation described in the Circumstances Affecting Your Retirement Benefits section will apply.

# Survivor Benefits

***Your spouse or beneficiary (for retirements on or after January 1, 2004) may be eligible to receive payments from the Plan if you have***:

- The automatic Survivorship Coverage or Optional Surviving Beneficiary Benefit (for retirements on or after January 1, 2004) in effect at the time of your death, and
- Been married for at least one year as of the date of your death for the automatic Survivorship Coverage
  - If you die during the month the automatic Survivor Coverage was to become effective, your surviving spouse will receive the surviving spouse benefit elected.

As of June 26, 2013, the Plan recognizes any legally married spouse for benefit purposes, regardless of the law of the state or foreign jurisdiction of residence.

Survivor Benefits begin on the first day of the month following your death and receipt of an application from your surviving spouse or beneficiary. A copy of your death certificate (and marriage certificate for surviving spouse benefits) will be required at the time of your surviving spouse's or beneficiary's application.

If you are a disability retiree with less than 30 years of credited service, you have not reached age 55 when you die and you have a Special Disability Survivorship Coverage in effect, payments to your spouse will begin on the first day of the month following the month you would have been age 55.

Your spouse will not receive a pension benefit in any month he or she is receiving a Transition or Bridge Survivor Income Benefit under the Life and Disability Insurance Program. For more information on Transition or Bridge Survivor Income Benefits, see the Life Insurance Benefits section.

***Your surviving spouse or beneficiary will not be eligible to receive payments from the Plan in the event of your death if:***

- No Survivorship Coverage options were available to you,
- You elected the automatic Survivorship Coverage and cancelled it due to your spouse's death or divorce
- You elected to waive the automatic Survivorship Coverage at benefit commencement
- You did not elect the Optional Surviving Beneficiary Benefit (for retirements on or after January 1, 2004) at the time of your retirement

## Optional Forms of Survivorship Coverage - 50%, 75% or 100% Surviving Beneficiary Benefit

If you retired on or after January 1, 2004, you had the option to elect someone other than a spouse for a survivor's benefit. If you were married, your spouse was required to consent to the election in writing and have their consent witnessed by a notary.

***The Optional 50% or 100% Surviving Beneficiary Benefit (effective January 1, 2004) and Optional 75% Surviving Beneficiary Benefit (effective January 1, 2008):***

- Are available to participants who applied for Normal, Regular Early, Special Early or a Deferred Vested retirement
- Cannot be elected after retirement benefits begin
- Cannot be cancelled due to death of the beneficiary
- Cannot be cancelled due to divorce
- Does not go into effect if the employee dies before the Benefit Commencement Date. The election is automatically cancelled*.

  *Effective November 23, 2015, if you elected the Optional 100% Beneficiary Benefit option for benefits commencing on or after 12/01/2015, and were to pass away prior to your Benefit Commencement Date,

your election would have continued to apply to your benefit as long as your retirement application was signed and in good order prior to your death.

**Note:** If you elected either the Optional 100% or 75% Beneficiary Benefit option, and the beneficiary you elected was not your spouse and is 11 or more years younger than you, the percentage your beneficiary will receive is regulated by Treasury Regulation Section 1.401(a)(9)-6T, A-2(c)(2).

## Divorce After Retirement or Death of Your Spouse

***If you are divorced after you retire or your spouse dies before you, and you have the automatic Survivorship Coverage in effect, your Life Income Benefit will generally be increased to the amount that would be payable without the option if:***

- Your spouse dies before you do and you submit a certified copy of the death certificate to the Retirement Board. The increase will be effective the first day of the month following the date of your spouse's death, provided that proper notice and proof of death is submitted within six months. If proper notice and proof of death is provided more than six months after your spouse's death, the increase will be effective six months before the receipt of the notice.
- You are divorced and the divorce decree specifically provides for the cancellation of the Survivorship Coverage, and you cancel your election, or you obtain written notarized consent from your former spouse on a Company approved waiver form, or you obtain a Qualified Domestic Relations Order (QDRO) that specifically cancels the option. The increase will be effective the first of the month following receipt of documentation that is approved by the Plan Administrator.

The restoration amount is based on the type of Survivorship Coverage in effect and the date you elected the coverage.

If you are covered by the Special Disability Survivorship Coverage, and your spouse dies before you, or you become divorced, the provisions regarding cancellation described above would apply.

## Marriage or Remarriage After Retirement

***You may elect a Survivorship Coverage if you marry or remarry after retirement and you:***

- Are receiving retirement benefits other than Deferred Vested benefits
- Have not previously rejected the Survivorship Coverage
- Do not have any Survivorship Coverage in effect
- Apply before you have been married 18 months*

  *Effective January 1, 2016, if you have a Qualified Domestic Relations Order (QDRO) that designates your former spouse as sole beneficiary of your pension benefits, and your former spouse dies, you have 18 months after the date of your former spouse’s death to elect Survivorship Coverage for a current spouse.

Your benefit reduction amount and the percentage that will be payable to your spouse will be determined by Plan provisions in effect at the time of your retirement.

Contact the Retirement Board if you need information or have any questions about the benefit amount or your eligibility for Survivorship Coverage.

# Circumstances Affecting Your Retirement Benefits

***The Plan is designed to provide you with a continuing source of income when you retire. However, some situations could affect Plan benefits. Those situations are summarized here.***

## Receiving Retirement Benefits

Payment of your retirement benefits is made by State Street Bank (the trustee is Northern Trust Company). All retirement payments are dated the first day of the month and represent payment in advance for that month. Your pension check will be mailed to your home unless you elect to have payment electronically transferred to a bank or other financial institution of your choice. You may change these arrangements by advising the Retirement Board.

Checks are mailed to your home or electronically transferred to the financial institution you have designated on the last business day of the prior month. If the last calendar day of the month falls on Saturday, Sunday, or a holiday, checks will be mailed and wire transfers done on the work day just before the weekend or holiday.

## Taxes on Retirement Benefits

When you receive benefits from the Plan, those benefits are taxed as ordinary income.

Federal tax law requires the Company to withhold income taxes from your benefits unless you request no withholding. Whether or not you want tax withheld, or if you want to change your current withholding, you should complete Form W-4P and submit it to the Retirement Board. Forms W-4P are available from the NESC, the Retirement Board or a local office of the Internal Revenue Service (IRS).

If you do not submit a Form W-4P, the Company will automatically withhold taxes from your benefits and will assume you are married and claim three withholding allowances at the Federally mandated rate.

If no taxes are withheld from your benefit, or if the amount withheld is not enough to cover the actual taxes due, you may be required to make estimated tax payments.

State tax withholding will apply in those states that require withholding. As with Federal withholding, the Company will withhold unless you request no withholding. You may elect voluntary state tax withholding in those states that permit voluntary withholding.

## Payment of Small Amounts

If the present cash value of the retirement benefit for any individual – who is not in pay immediately prior to the Benefit Commencement Date - is $5,000 or less, such individual will receive the benefit in a single lump sum.

If the lump sum payment is less than $200, the benefit will be distributed directly to such individual. If the lump sum payment is at least $200, such individual may elect to have any portion of the distribution received as either a direct rollover to an Individual Retirement Account (IRA) or eligible tax-qualified plan, or paid as a cash distribution. Effective January 1, 2008, if the lump-sum payment is greater than $1,000 and such individual does not make a distribution election; the benefit will be rolled over to an individual retirement plan designated by the Board of Administration. If a direct rollover is not elected, the taxable portion of the distribution will be subject to mandatory 20% Federal income tax withholding.

For retirement benefits with a Benefit Commencement Date on or after January 1, 2016, the present cash value is converted to a single lump sum by applying the applicable mortality table, as defined at that time under Section 417(e)(3)(B) of the Internal Revenue Code, and the annual rate of interest as defined under Section 417(e)(3)(C), determined for the month of August in the year immediately prior to the Benefit Commencement Date.

## Divorce or Legal Separation

Benefits under qualified retirement plans generally may not be assigned or alienated, except according to a judgment, decree or Domestic Relations Order (DRO) issued under a state domestic relations law relating to child support, alimony or marital property rights of your spouse, former spouse, child or other dependent. The order must meet the requirements of a Qualified Domestic Relations Order (QDRO), as defined in Section 206(d) of the Employee Retirement Income Security Act of 1974, as amended (ERISA) as determined by the Company.

You can get a copy of the Company's QDRO Approval Guidelines and Procedures by accessing the homepage of the **myfordbenefits.com** website under *Helpful Links, Qualified Domestic Relations Order Guidelines* or by calling the NESC at 1-800-248-4444 and requesting that a copy be mailed to you.

***If you would like to submit your DRO for review, send it to:***

**Ford National Employee Services Center**
Attn: Domestic Relations Administration
P. O. Box 18017
Norfolk, VA 23501-1845

If the DRO is acceptable, you will be notified and the DRO will be implemented according to its terms. Other forms of marital dissolution documents may be acceptable as DROs if they comply with the legal requirements set forth in Section 206(d) of ERISA as determined by the Plan Administrator.

***Send any of the following documents to the above address:***

- Domestic Relations Orders (DROs) (original, true or court-certified copies of original Orders filed in a court of competent jurisdiction)
- Proposed Orders/draft Orders
- Decrees of divorce, judgments and/or property settlement agreements

## Failure to Provide Information

If you do not make proper application for benefits, provide the necessary information or provide the Company with your current address, your benefits may be delayed or temporarily suspended. Payments may be resumed once the necessary information is provided.

## Incapacitation

If the Retirement Board finds that any person to whom a benefit is payable is unable to handle his or her affairs, payments may be made to a duly appointed representative, as determined by the Retirement Board.

## Guardianship

If you are physically or mentally unable to handle your affairs, or if your beneficiary is a minor, payments may be made to a legal guardian or representative on your behalf or on behalf of your beneficiary.

## Durable Power of Attorney

In limited circumstances, the Plan will recognize a Durable Power of Attorney (DPOA) to conduct certain transactions on your behalf if you are incapacitated or otherwise unable to handle your personal affairs. For example, a DPOA can direct the monthly retirement check to a new address or complete a direct deposit transfer to your financial institution.

A DPOA is also authorized to assist you with the retirement application process. For example, if your spouse holds DPOA, he or she may sign your retirement application.

A general power of attorney will not be accepted for any transaction.

## Federal Garnishment

A Federal Writ of Garnishment against your pension benefit may be obtained by the U.S. Government following procedures authorized by the Federal Debt Collection Procedures Act of 1990 (FDCPA), 28 U.S.C. §3001-3308, and the Mandatory Victims Restitution Act, 18 U.S.C. §3614 (c). The Federal garnishment will attach a lien to your pension benefit. Recovery of the Federal garnishment will begin once you begin receiving your pension benefit.

## Assignment of Benefits

Generally, your retirement benefits cannot be assigned, transferred, pledged, sold or attached. However, certain court orders could require that part of your benefit be paid to someone else, such as your spouse, former spouse, child or other dependents. You will be notified if the Plan receives any such order.

## Deductions

The Trustee may be authorized by the Ford-UAW Retirement Plan Board of Administration, or approved by you, to make deductions from your retirement benefits, if you are eligible for these benefits. These deductions may include the following:

- V-CAP (UAW Voluntary Community Action Program) contributions
- Optional Life Insurance premiums
- Union dues
- UAW Retiree Medical Benefits Trust premiums
- Repayments
- Benefit plan overpayments
- Taxes as required by law
- Certain Worker's Compensation payments (if the claim is filed later than two years after retiring or after breaking seniority)

# Claims and Appeals

A claim for benefits is a request for a Plan benefit or benefits that you (or your authorized representative) make in accordance with reasonable Plan procedures for filing benefit claims. A claim for benefits does not include casual inquiries about benefits or the circumstances under which benefits might be paid.

If you have a claim for benefits under the Plan, you may contact the Retirement Board at 1-800-829-8833. The Retirement Board will attempt to resolve your concerns informally. Otherwise, submit your claim in writing to the:

**Ford-UAW Retirement Board of Administration**
P.O. Box 6050
Dearborn, MI 48121

If a claim for benefits or participation is denied, in whole or in part, you will receive written notification within 90 days (or 45 days for a disability pension claim) from the date the claim for benefits or participation is received. The notice is considered given upon mailing, full postage prepaid in the United States mail, or on the date sent if provided electronically.

***The decision will be in writing and it will include:***

- The specific reason(s) for the denial.
- Reference to the specific Plan provision(s) on which the denial is based, along with a copy of the Plan provision(s) or a statement that one will be provided to you at no charge upon your request.
- A description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary.
- A description of the Plan's review procedures and the time limits applicable to such procedures, along with a statement of your right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), following a denial for benefits on review.

***If the denial is because of a disability claim, the denial of claim will also include:***

- If an internal rule, guideline, protocol or other similar criterion was relied upon in making the claim denial, either the specific rule, guideline, protocol or other similar criterion; or a statement that such rule, guideline, protocol or other similar criterion that was relied upon in making the claim denial will be provided free of charge to you at your request
- If the claim denial is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to your medical circumstances, or a statement that the explanation will be provided free of charge upon your request

If the Plan Administrator or employee of the Board of Administration determines that an extension of time for processing is required, written notice of the extension will be provided to you before the termination of the initial 90-day period (or 45-day period for disability pension claims). In no event will the extension exceed a period of 90 days (30 days for disability pension claims) from the end of the initial period.

For a disability pension claim, if before the end of the first 30-day period, the Plan Administrator or employee of the Board of Administration determines that, due to matters beyond the Plan’s control, a decision cannot be made within the extension period, the period for making the determination may be extended for up to an additional 30 days.

The extension notice will indicate the special circumstances requiring an extension of time and the date by which the Plan Administrator or employee of the Board of Administration expects to make the determination.

***If an extension is required because the information in the disability claim is incomplete, the extension notice will specifically explain:***

- The standards on which entitlement is based
- The unresolved issues that prevent a decision
- The additional information required for a decision
- That you have at least 45 days to provide the information requested

If additional information is required, the period between the date of the request and the date of your response is not included when calculating the decision deadline.

## Review of Denied Claim

***If the Plan Administrator or employee of the Board of Administration denies a claim, you may:***

- Request a review upon appeal by written application to the Board of Administration within 60 days (or 180 days for a disability pension claim) after the date of the written notification of the denial of the claim
- Review pertinent documents
- Submit any issues, comments, documents, records or other information relating to your claim in writing
- Request, free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim

The Board of Administration will take into account all comments, documents, records and other information submitted by you relating to the claim, without regard to whether the information was submitted or considered in the initial benefit determination.

***For a disability pension claim, the Board of Administration:***

- Will not give deference to the earlier decision
- Will provide for review by a named fiduciary who did not make the initial decision and who is not a subordinate of the initial decision maker
- Will, if the decision involves a medical judgment, provide that named fiduciary must consult with a health care professional who is independent of any health care professional involved in the initial denial
- Provide for identification of all medical or other experts consulted who have appropriate training and experience in the field of medicine involved in the medical judgment.

A decision will be made within 60 days (45 days for a disability pension claim) of the receipt of your request for review, unless special circumstances require an extension for processing. One 60-day extension (45-day extension for a disability pension claim) will be available to the Board of Administration if necessary with written notice to you. The extension notice will specify the circumstances requiring the extension and the expected date of the determination.

## Decisions of the Board of Administration

***The decision of the Board of Administration will be in writing and if adverse, it will include:***

- The specific reason(s) for the denial
- Specific reference to pertinent Plan provision(s) (including policy) on which the denial is based, along with a copy of such Plan provision(s) or a statement that one will be provided at no charge upon your request
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim for benefits
- A statement of your right to bring suit against the Plan under ERISA Section 502(a)

***In addition, if the appeal is on a disability pension claim, the notice will include:***

- If an internal rule, guideline, protocol or other similar criterion was relied on in making the determination, either the specific rule, guideline, protocol or other similar criterion, or a statement that the rule, guide line, protocol or other similar criterion that will be provided free of charge upon request
- If the determination is based on a medical necessity or experimental treatment or similar exclusion or limit, either an explanation of the scientific or clinical judgment, applying the terms of the Plan to your medical circumstances, or a statement that the explanation will be provided free of charge upon request
- A statement that you and the Plan may have other voluntary alternative dispute resolution options, such as mediation.

All notices are considered given upon mailing, full postage prepaid in the United States mail or on the date sent if provided electronically.

## Limitations Period

No legal action for Plan benefits may be brought against the Plan until after the claims and appeal procedures of the Plan have been exhausted. Unless the Employee Retirement Income Security Act of 1974, as amended (ERISA), specifically provides a different limitations period, legal actions under the Plan for benefits must be brought no later than two years after the date of the denial of your appeal. No other actions may be brought against the Plan more than six months after the date of the last action that gave rise to your claim.

Any legal action against the Plan must be filed in the United States District Court for the Eastern District of Michigan.

## Board of Administration Decisions

Decisions of the Board of Administration are final and conclusive, binding on all participants and beneficiaries, and are only subject to the arbitrary and capricious standard of judicial review.

# General Information

## Plan Name and Number

Ford Motor Company-UAW Retirement Plan, 001

## Plan Administrator and Plan Sponsor

**Ford Motor Company**
1 American Rd
Dearborn, MI 48126
1-800-248-4444

The Plan is administered by Ford Motor Company with administrative services provided by Ford Motor Company and Conduent Inc., a third-party administrator under contract.

## Retirement Board of Administration

**Ford-UAW Retirement Board of Administration**
P.O. Box 6050
Dearborn, MI 48121
1-800-829-8833

## Employer Identification Number (EIN)

The Federal government has assigned Ford Motor Company an employer identification number for tax purposes. It is EIN 38-0549190.

## Plan Year

The Plan Year is the same as the calendar year, from January 1 through December 31.

## Agent for Legal Process

The agent for service of legal process is the Secretary, Ford Motor Company. The Secretary may be contacted at the Company's main address:

**Secretary**
**Ford Motor Company World Headquarters**
One American Road
Dearborn, MI 48126
1-313-322-3000

Alternatively, legal process may be served on the Plan Trustee.

## Plan Type and Funding

This Plan is a defined benefit pension plan providing retirement benefits.

The Plan is Company funded and Company contributions are determined by an independent actuary according to the funding policy adopted by the Company. Plan assets are held in a trust. The money in the trust is used only to pay benefits and administrative costs of the Plan.

## Plan Trustee

The Plan Trustee is:

**The Northern Trust Company**
50 S. LaSalle Street
Chicago, IL 60675
1-312-630-6000 or 1-800-248-4444

The Plan Trustee makes all payments for the Plan. Trust investments are made by investment managers appointed under the Company's Master Trust Fund. These investment managers are banks, trust companies and investment advisors. If you would like a list of investment managers, contact a NESC Representative.

The Plan has claimed an exclusion from the definition of the term "commodity pool operator" pursuant to the Commodity Exchange Act, and therefore is not subject to registration or regulation as a pool operator.

## Mergers, Consolidations or Transfers

If the Plan is merged or consolidated with another plan, or Plan assets transferred to another plan, your benefit is protected. The law requires that your benefit immediately after any merger, consolidation or transfer cannot be lower than the benefit accrued just before the merger, consolidation or transfer. Your benefits are protected and immediately after any merger, are not lower than the benefit you had accrued just before the merger. Upon sale of any of the Company's businesses, the Company retains the sole discretion to determine how benefits accrued under the Plan will be handled in the sale.

## Plan Amendment or Termination

The Company intends to continue the Plan indefinitely, however, the Company reserves the right to end, suspend or amend the Plan at any time. If changes are made, you will be told about them.

No changes may be made until the expiration of the 2015 Collective Bargaining Agreement, except as required by law or as mutually agreed upon between Ford Motor Company and the UAW. The Agreement expires on September 14, 2019. At that time, the Plan may be renewed automatically for successive one-year periods, unless Ford or the UAW gives written notice at least 60 days before the applicable expiration date. When notice is given, the Agreement and Plan may be modified, amended or terminated.

Until a change is officially announced, no Plan fiduciary or any other Company representative is authorized to disclose any information about a change. You should rely on officially announced information and Plan materials.

Your benefits are governed by the terms of the applicable official Plan document or policy. Summaries of your benefits are available; however, if a conflict exists between any summary and the official Plan document, the official Plan document prevails. The Company reserves the right to terminate, suspend or amend any of its benefit plans, programs or policies at any time in accordance with applicable Plan documents and subject to applicable collective bargaining agreements. You will be notified of any change after it is approved. Until a change is officially announced, no Plan fiduciary or any other Company representative is authorized to disclose to you any information about a change under consideration. You should rely exclusively on officially announced information and plan materials. The Company's employee benefit plans, programs and policies are not part of any employment contract or a guarantee of continued employment. No employee, beneficiary, surviving spouse or other person has any legal or other right to benefits under the Company's employee benefit plans, programs or policies, except as provided by such plans, programs and policies.

The Trust Fund is for the use of Plan participants and their beneficiaries, and the payment of Plan expenses. If the Plan is fully or partially terminated, benefits earned up to the date of Plan termination would be non-forfeitable to the extent they are funded. Assets in the fund would be used to pay plan benefits to the extent they are sufficient.

If the Plan ends, the Pension Benefit Guaranty Corporation (PBGC), a government-owned corporation guaranteeing certain pension benefits, would protect all or a portion of your benefit (see the following section).

## Pension Benefit Guaranty Corporation (PBGC)

Pension benefits under this Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a Federal insurance agency. If the Plan ends without enough money to pay all benefits, the PBGC will step in to pay benefits. Most receive all of the pension benefits they would have received under the Plan, but some people may lose certain benefits.

***The PBGC guarantee generally covers:***

- Normal and early retirement benefits
- Disability benefits if you become disabled before the Plan ends
- Certain survivor benefits

***The PBGC guarantee generally does not cover:***

- Benefits greater than the maximum guaranteed amount set by law for the Plan year in which the Plan ends
- Some or all increases and new benefits based on Plan provisions in place for fewer than five years at the time the Plan ends
- Benefits that are not vested because you have not worked long enough for the Company
- Benefits for which you have not met all of the requirements at the time the Plan ends
- Certain early retirement payments that result in an early retirement monthly benefit greater than your monthly benefit at the Plan's normal retirement age
- Non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay and severance pay.

Even if some of your benefits are not guaranteed, you still may receive some of those benefits from the PBGC depending on how much money the Plan has and on how much the PBGC collects from employers.

***For more information about the PBGC and the benefits it guarantees, contact:***

**PBGC's Technical Assistance Division**
1200 K Street N.W., Suite 930
Washington, D.C. 20005-4026
1-202-326-4000 (not a toll-free number)

TTY/TDD users may call the Federal relay service toll-free at 1-800-877-8339 (and ask to be connected to 202-326-4000).

Additional information about the PBGC's pension insurance program is available through the PBGC's website at **pbgc.gov**.

# ERISA Rights

As a Plan participant, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that you are entitled to:

## Receive Information about Your Plan and Benefits

***You have the right to:***

- Examine, without charge, at the Plan Administrator's office or other specified locations, such as worksites and union halls, all documents governing the Plan. These include insurance contracts and copies of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).
- Request copies of documents governing the operation of the Plan. These include copies of the latest annual report (Form 5500 series) and current Summary Plan Description. A reasonable charge may be required for the copies.
- Receive a summary of the Plan's annual financial report (pension funding notice), which is required by law to be provided to each participant.
- Request a statement explaining your vested rights and if you have a right to receive a benefit at your normal retirement age, as defined by the Plan. If you do not have vested rights, the statement will tell you how many more years you have to work to acquire vested rights. This statement, which is available at no cost, must be requested in writing and is not required to be given more than once a year.

## Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties on the people who are responsible for the operation of the Plan. The people who operate the Plan, called fiduciaries, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a retirement benefit or exercising your rights under ERISA.

## Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision (without charge) and to appeal any denial, all within certain times. However, you may not begin any legal action, including proceedings before administrative agencies, until you have followed and exhausted the Plan's claim and appeal procedures.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of a Plan document or the latest annual report from the Plan and do not receive it within 30 days, you may file suit in a Federal court. In this case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator's control.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in Federal court. If the Plan fiduciaries misuse the Plan's money or if you believe that you have been discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a Federal court. The court will decide who should

pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### Assistance with Questions

If you have any questions about the Plan, you should contact the National Employee Services Center (NESC) at 1-800-248-4444 and speak with a retirement representative. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in getting documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory or:

**Division of Technical Assistance and Inquiries**
**Employee Benefits Security Administration**
**U.S. Department of Labor**
200 Constitution Avenue N.W.
Washington, D.C. 20210
1-866-4-USA-DOL (1-866-487-2365),
TTY: 1-877-889-5627

For certain publications about your rights and responsibilities under ERISA, call the publications hotline of the EBSA.

## Contacts for Additional Help

To assist with any questions you may have about this Plan, refer to **myfordbenefits.com** or contact the Retirement Board at 1-800-829-8833 or your UAW Union Benefit Representative.