

**REQUEST TO HAVE SETTLEMENT CHECK RETURNED TO TRUST
AND REISSUED AS A ROLLOVER**

NAME: _____ **EMPLOYEE #:** _____

This is your authorization to return to trust the Settlement Check previous paid to me, and reissue the check based on the attached Eligible Rollover Distribution Payment Form. Upon receipt of this completed and signed form, your outstanding check will be returned to the Trust and reissued in accordance with the attached instructions. I understand that it may take 2 – 3 weeks for the check to be reissued. **This completed form must be received by the American Airlines, Inc. Pension Department by November 1, 2019.**

Signature

Date

For Office Use:

Date Request for Reissue Received: _____

Date Check Stopped: _____

Date Rollover Completed: _____

Make a copy of this form for your records. Return your completed form to:

American Airlines, MD 8A207

P.O. Box 619616

DFW Airport, TX 75261-9616.

Or email

Retirement.Services@aa.com