

ELECTION TO RESCIND OPTION 5 OF [GM-IUE-CWA CLOSURE Special Attrition Program (SAP), and to Elect Treatment Under Option 4 of the SAP

I, _____, understand and agree that I will not be considered for employment at other GM locations and hereby rescind my Application for consideration for employment at other GM locations as described and selected in Form A of the 2008 Moraine Assembly Closure Agreement Special Attrition Program. As such, I understand the consequences of this decision. Once this document is executed, I understand and agree that my eligibility for severance, if any, is set forth under Option 4 of the above referenced Agreement.

By now electing treatment under Option 4, I understand that I will be considered a Voluntary Quit and sever all ties with General Motors Corporation, Motors Liquidation Company, General Motors Company, and General Motors LLC, except for any vested pension benefits due me under the General Motors Company Hourly Rate Employees Pension Plan. This also confirms that General Motors Corporation, Motors Liquidation Company, General Motors Company, and General Motors LLC are released from all employment-related claims and grievances I may have.

By this election of Option 4, I understand that I will receive a lump sum payment from General Motors LLC (to the extent any would otherwise still be due had this option been initially elected) calculated by using the formula set forth under Option 4 of the SAP based on seniority or credited service, whichever is greater, as of 12/31/2008. Under this Option 4, any payment amount shall be reduced by the total value of the amounts directly or indirectly paid to you by General Motors Corporation, Motors Liquidation Company, General Motors Company, or General Motors LLC, and further reduced by the value of

all the employee benefits provided to me or on my behalf, including but not limited to the pre-tax amounts of SUB or layoff payments, state Unemployment Compensation benefits (or other forms of assistance such as but not limited to Trade Readjustment Act benefits), medical, dental and vision coverage, disability, and life insurance coverage issued or received from the date my prior election Option 5 was originally effectuated through the date this option is elected. Payments under this option shall be subject to all applicable taxes.

Name: _____ Signed: _____
(Please Print)

SS No: _____ Date: _____

GM Witness: _____ (National Employee Placement
Center use Only)

Please return to:

Attention: Craig Speckmann
Warren Technical Center Campus
Manufacturing C Building
30400 Mound Road

Mail Code: 480-108-130

Cube# 1AG82
Warren, Mi 48090

Must be posted marked by December 10, 2009