

## **VOLUNTARY EXIT INCENTIVE PROGRAM APPLICATION**

Aptiv is offering certain bargaining unit employees represented by the Union at Aptiv's Warren, Ohio Operations an opportunity to apply for a voluntary separation with severance pay under a Voluntary Exit Incentive Program (the "Program").

Employees who apply and are selected (based on criteria specified below) will receive the following separation benefits:

1. A Severance Payment in the gross amount of \$100,000, less applicable deductions and withholdings, payable in a lump sum as soon as practicable following the Participant's execution and non-revocation of a Conditions of Participation Release Agreement.
2. A Health Care Supplement consisting of six monthly payments of \$1,800 (less applicable withholdings and deductions) for Participants to use to purchase replacement health care coverage.

This opportunity is limited to 21 employees currently in a production classification. If more than 21 production employees apply to participate in the Program, the 21 production employees with the greatest seniority will become Participants in the Program. Any remaining employees who apply to participate in the Program will not become Participants in the Program, and will not receive Separation Benefits.

The effective date of the Separation will be the Monday of the first work week after this Agreement becomes non-revocable as described below, unless the Participant, the Company, and Union all agree otherwise. Employees must sign a Conditions of Participation Release Form in a document acceptable to the Company to receive the separation benefits. Employees who are separated under this Program will sever all ties with Aptiv.

***The application period is May 26, 2020 to 5:00 p.m. June 8, 2020. Application forms can be obtained from your Supervisor, General Supervisor, or the HR Department but completed applications must be submitted to the HR Department prior to 5:00 p.m. EST Monday June 8, 2020. Any applications submitted after the 5:00 p.m. EST Monday, June 8, 2020 will not be accepted.*** Any employee who is selected and becomes a Participant will be required to sign the Conditions of Participation Release Form within forty-five (45) calendar days. Once signed, the applicant will have a period of seven (7) calendar days to revoke said Release Form.

I acknowledge by signing this application, I am applying for a voluntary separation as outlined above. I acknowledge that no prior representations, promises, or agreements relating to my employment or separation from service have been made by Aptiv that are contrary to this document. Aptiv explicitly makes no representation as to the rights (or lack of rights) of Participants to participate in any other Aptiv or other companies' benefit programs or government program of any kind.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Aptiv Identification Number (AIN): \_\_\_\_\_

Dated: \_\_\_\_\_

Received: \_\_\_\_\_