

ARRIS Technology, Inc. Employee Savings Plan

Instructions for Requesting a Final Distribution/Separation from Service

Enclosed are the items needed to request a Final Distribution from your account in the ARRIS Technology, Inc. Employee Savings Plan. Please review and complete each of the items as described in the procedures below. Return the required Forms for processing to MassMutual Retirement Services. You may also initiate a final distribution on the Retirement Access website.

ITEM	PROCEDURE	RETURN TO MASSMUTUAL
Special Tax Notice	This Notice contains important information regarding your distribution options and the related restrictions and tax consequences. Read this information carefully before requesting your distribution.	No
Final Distribution Form	<p>Complete all the relevant sections of the Form.</p> <p>a) Sign and date the Distribution Form. b) Return all applicable forms to the MassMutual.</p> <p><i>Note: you may also request a final distribution on the Retirement Access website at www.massmutual.com/ARRIS and click the Login button to access your account.</i></p>	Yes
Loan Payoff Check and Form, if applicable	<p>Loans that are unpaid at the time of termination of employment become due and payable and are offset by the participant's vested account balance unless loan is paid in full prior to the final distribution.</p> <p>a) If you have an outstanding loan and wish to payoff your loan before your final distribution is processed, please complete Section 6 and enclose the loan payment. Please complete and return the enclosed Loan Payoff Form.</p> <p>b) Enclose a payment for the outstanding loan balance. Form of payment must be a certified check, money order, or cashier's check payable to the ARRIS Savings Plan F/B/O <i>your name</i>.</p>	Yes
MassMutual Retirement Services	<p>Return completed Distribution Form and if applicable, the Loan Payoff Form and payment of the outstanding loan balance to:</p> <p>MassMutual PO Box 1583 Hartford, CT 06144-1583</p> <p>For faster service email form to mmprocessing@massmutual.com or fax form to 1-800-452-6416</p>	

MassMutual Participant Service Center Representatives are available by calling Participant Information Center at 1-800-854-0647 between the hours of 8AM and 8PM Eastern Time. Representatives are available to answer questions on how to complete the Form, access your account via Retirement Access, or general questions you may have about the Plan.

Retirement Access: To access your account online or initiate your distribution online, please visit www.massmutual.com/ARRIS and click the Login button.

ARRIS TECHNOLOGY, INC. EMPLOYEE SAVINGS PLAN
Final Distribution Request Form / Separation from Service

Plan Id: 990500029

1. Participant Information

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Name (Please Print) _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Email Address _____

2. Reason for Distribution

Termination of employment Retirement Disability Date of Termination/Retirement/Disability _____ Date of Hire _____

3. Payment Election (Choose either A, B, OR C)

A. Total Cash Distribution: I elect to have my entire distribution payable to me (i.e., fully distribute and close my account). I understand this cash payment will be subject to mandatory 20% federal tax withholding and any applicable state tax withholding will be applied to the taxable portion of the distribution. This payment may also be subject to the additional 10% early withdrawal penalty if you are under the age of 59 ½ and do not qualify for an exception to the penalty.

B. Direct Rollover: Directly roll over my entire account balance (i.e., fully roll over and close my account) to the institution named in the *Direct Rollover Instructions* in Section 4. If you are or will be age 70 ½ during the current calendar year you must take a Required Minimum Distribution (i.e., *partial cash payment*)

C. Combination of Cash Distribution and Direct Rollover of Remaining Balances:

Non-Roth accounts only (e.g., pre-tax, match, and rollover contributions)

Pay me a partial Cash Payment of \$ _____ or _____% (whole percentages only) of my account and directly roll over the remaining account balance to the institution named in the *Direct Rollover Instructions*.

Designated Roth 401(k) accounts only, if applicable

Pay me a partial Cash Payment of \$ _____ or _____% (whole percentages only), from my Roth 401(k) account and directly roll over the remaining balance in my account to the institution named in the *Direct Rollover Instructions*.

Pay me a partial Cash Payment of \$ _____ (pro-rata across all contribution types) and directly roll over the remaining balance in my account to the institution named in the *Direct Rollover Instructions*.

Cash Payment Instructions. If no election is made a check will be mailed to your Legal Address as indicated in Section 1.

Mail my payment by check to my Legal Address in Section 1. Please note this section is intended for Cash Payments only.

Direct deposit to a bank account of which I am an account holder (ACH only). **This option is not available for rollovers.**

I understand that if I do not fully complete this section or the bank information I have provided is invalid, a check will be mailed. I authorize MassMutual to initiate a debit to my account for any overpayment or payments made in error.

Bank Name: _____

Account Type: Checking ____ Savings ____ (If no selection is made we will default to Checking)

Bank Transit/Routing#: _____ (must be 9 digits) Bank Account #: _____

4. Direct Rollover Instructions

Please indicate the name of IRA provider or name of the eligible retirement plan to make the check(s) payable to for each applicable Direct Rollover transaction requested below. Note: All direct rollovers will be mailed to you at the Legal Address provided, payable to the financial institution or plan. It is your responsibility to complete the rollover process.

I hereby elect to directly roll over my distribution: (complete all sections that apply)

Non- Roth account only (e.g., pre-tax and match contributions)

- Traditional IRA:** I elect to have my account balance (e.g., pre-tax and match contributions) processed as an IRA Direct Rollover payable to: _____
- Employer Sponsored Retirement Plan:** I elect to have my account balance (e.g., pre-tax and match contributions) processed to my new employer qualified retirement plan payable to:

Designated Roth 401(k) accounts only, if applicable

- Roth IRA:** I elect to have my **Roth account balance(s)** processed as a Roth IRA rollover payable to: _____
- Employer Sponsored Retirement Plan:** I elect to have my **Roth account balance(s)** processed to my new employer qualified retirement plan (that accepts Roth contributions) payable to:

Note: if there are Roth Deferrals or Roth Rollovers ("Roth 401(k) Account") in your retirement account, your entire Roth Account will be directly rolled over, in which case a separate check representing the balance of the Roth 401(k) Account will be issued, at the time of processing. Your Roth 401(k) Account cannot be rolled over to a traditional IRA – it can only be rolled over to a Roth IRA or qualified retirement plan that accepts Roth contributions.

Roth Conversion of Non-Roth Accounts, if applicable

Note: if you would like to request a rollover of all taxable Non-Roth accounts (e.g., pre-tax and match contributions) to a Roth IRA (Roth Conversion) please complete.

- Roth Conversion of my entire Non-Roth accounts** (e.g., pre-tax and match contributions)

Please note that if you wish to directly rollover Non-Roth account balances to a Roth IRA, these amounts are taxable in the year of the rollover. This type of rollover can only be made to a Roth IRA. It cannot be made to another employer-provided qualified plan, even if the plan accepts Roth rollovers.

Directly roll over 100% of my pre-tax and match account balance to a Roth IRA. Taxes will be due in the current year for the amount that would otherwise be taxable had it not been directly rolled over.

Make Roth IRA conversion check payable to: _____

Withhold the following amount for Federal Taxes:

- 10%
- Other Amount (indicate whole percentage) _____%
- Do Not Withhold Any Federal Taxes

Note that if this is left blank, there will be no Federal Tax Withholding.

5. ARRIS Company Stock Fund Election (complete only if you want to receive SHARES of Company Stock)

If you have a balance in the ARRIS Company Stock Fund and you want to receive shares of stock please check box below and complete section. If NO direction is given the Company Stock Fund will be distributed in the form of cash (*paid according to election in Section 3*).

Shares of Stock – I elect to receive the Company Stock Fund portion of my distribution as **shares of stock**.

Re-register shares of stock according to the instructions below. The new registration will be recorded on the stock transfer agent's or trustee's books electronically.

Agent/Trustee Name _____

Agent/Trustee Address _____

DTC# _____ Tax ID# _____

Account # at Institution to which the Stock is to be re-registered _____

6. Federal Income Tax Withholding

MassMutual is required to withhold mandatory 20% for federal income taxes on the taxable portion of your benefit distributed to you as a Cash Payment. You may voluntarily elect to have additional withholding below.

I voluntarily elect to have additional withholding of _____% (whole percentages only)

7. State Income Tax Withholding

If you reside in a state with no income tax or withholding on pensions, please skip this section. The taxable portion of your payment may also be subject to STATE income tax withholding. If state income taxes are not withheld from your payment, you are liable for any state income tax on the taxable portion of your payment. In certain states, you may also be subject to penalties under estimated tax payment rules. If you do not make an election below, state income taxes will only be withheld if required by the state and at the state's withholding default rate.

Your options for state tax withholding are: Note: These rules are subject to change at any time. For current tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.

AR, DE, IA, KS, MD, MA, NC, NE, OK, VT, VA	These states require mandatory state withholding if federal taxes are withheld. MassMutual is required to withhold based on state law. You may not elect out of state income tax withholding. Given this withdrawal request is not eligible to be rolled over, you may choose not to have state income tax withheld only if you choose not to have federal income tax withheld. If no election to opt out or if elected to opt out and you did not opt out of federal income tax withholding, then MassMutual will withhold based on state law. <input type="checkbox"/> I elect no state income tax withholding.
CA, ME, OR, DC	These states require mandatory state withholding. MassMutual is required to withhold state income taxes based on state law unless you elect out of withholding: <input type="checkbox"/> I elect no state income tax withholding. Note: The District of Columbia only requires mandatory withholding on a "lump sum" distribution that brings your account balance to zero. If you are requesting a "lump sum" distribution, then you may not opt out of withholding.
AL, AZ, CO, CT, GA, ID, IL, IN, KY, LA, MN, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, WV, WI	These states permit voluntary income tax withholding. You may voluntarily elect state withholding by providing a dollar amount below: I voluntarily elect to withhold an amount of \$ _____

SC, UT	These states permit voluntary state income tax withholding. You may voluntarily elect state withholding by selecting the box below. If no election is made for these voluntary states identified, then MassMutual will not apply any withholding. <input type="checkbox"/> Withhold based on my state's tax table formula, if applicable (MassMutual will apply the default tax allowance.)
MI	This state requires mandatory state income tax withholding. MassMutual is required to withhold state income taxes based on state law unless you provide alternate withholding instructions by completing a Michigan Withholding Certificate (MI W-4P Withholding Certificate for Michigan Pension and Annuity Payments) and submitting it with this form.

8. Loan Payoff Check and Form, if applicable

Loans that are unpaid at the time of termination of employment become due and payable and are offset by the participant's vested account balance unless loan is paid in full prior to the final distribution. If you have an outstanding loan and wish to pay off your loan before your final distribution is processed, check box below to indicate that a check representing the loan payoff is enclosed. **Please be sure to complete the enclosed Loan Payoff Form.**

Enclosed is a CHECK* in the amount of \$_____ to pay off my outstanding loan balance(s). Also enclosed is the Loan Payoff Form.

* Form of payment must be a certified check, money order, or cashier's check payable to the ARRIS Savings Plan F/B/O *your name*.

9. Participant Certification and Authorization (required)

I hereby instruct the Plan to distribute my vested account balance in the manner indicated on this form and understand that my election is irrevocable once processed. I certify that all the information I provided on this form is true and accurate to the best of my knowledge and belief. I understand that providing false or misleading information on this form may constitute fraud and be subject to severe penalties. I acknowledge that: (1) I have verified that the IRA or eligible retirement plan will accept the direct rollover if I have chosen this option; (2) I have received and read the Special Tax Notice Regarding Plan Payments and understand that if I do not elect a direct rollover, the taxable portion of my eligible rollover distribution will be subject to the 20% federal and applicable state tax withholding; and that this payment may also be subject to the 10% early withdrawal penalty if I am under the age of 59 ½.

Note: If the check associated with this request is returned to MassMutual by the U.S. Postal Service as undeliverable, we are unlikely to resend it until you provide us with your updated address. Failure to provide us with your current and valid address may result in the check being considered abandoned property under the laws of the State when the check was mailed (unless preempted by ERISA).

Important note for Participants with a Non – U.S. or Non-U.S. Territory residence address:

Please check this box if you are *not* a resident of the United States or a United States Territory. If the current address is not an address within the U.S. or one of its territories, the Participant or Beneficiary receiving the distribution is required to fill out and return a *Citizenship Statement* form with the distribution request. Failure to provide a *Citizenship Statement* will result in U.S. Federal taxes being withheld at a rate of 30% for recipients with a non-U.S. residence address. Please ask your Plan Sponsor for a *Citizenship Statement* form or call MassMutual's Customer Service Center for a copy.

Required Minimum Distribution

If you are over the age of 70½ and you are requesting a rollover distribution, you are required to take an RMD (e.g., cash payment) for the current year, if you have not yet done so from the Plan.

I have not taken my RMD for the current year and request that MassMutual calculate and process my RMD using the Uniform Lifetime Tables, prior to processing my rollover distribution. The taxable portion of your RMD is subject to **10% federal tax withholding** unless you elect not to have withholding apply. Do Not Withhold Any Federal Taxes on my RMD

Participant's Signature _____ Date _____

Return Form to:

MassMutual
PO Box 1583
Hartford, CT 06144-1583

For faster service email form to nmprocessing@massmutual.com or fax form to 1-800-452-6416.

Participant Information Center 1-800-854-0647

Important Final Distribution Information

Address Changes

Please note that if your address has been changed less than 30 days ago, the distribution cannot be processed without your Employer's approval.

Outstanding Loans

If you have an outstanding loan balance, note that unpaid loans at the time of termination of employment become due and payable, and are offset by the vested account balance unless a full payoff is received prior to the final distribution. Outstanding loans which are not repaid prior to the final distribution become taxable.

Cash Payments and Tax Withholding

If you choose to have any portion of your distribution paid directly to you, in a lump sum, mandatory 20% federal tax withholding will be applied to the taxable amount of the distribution. If you are a resident of Arkansas, California, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, Virginia or Washington D.C. state taxes will automatically be withheld if federal taxes are withheld. This list is subject to change based on changing state tax withholding requirements. Michigan requires mandatory state income tax withholding on the taxable amount of the distribution regardless of whether Federal income tax is withheld. You may not opt out of Michigan state income tax withholding using this form; the taxable amount of the distribution will be subject to a 4.35% MI state income tax withholding rate unless you provide alternate withholding instructions by completing a Michigan Withholding Certificate (*MI W-4P Withholding Certificate for Michigan Pension and Annuity Payments*) and attaching the completed Withholding Certificate to this distribution request.

Direct Rollover

Rollover checks are mailed to your home address on file, but are made payable to the financial institution named on this form. If you choose to have any portion of your distribution amount paid as a direct rollover, that amount will be exempt from mandatory federal and state withholding. You should contact your IRA provider or a representative of your new retirement plan to obtain exact payee instructions.

If you are required to receive a required minimum distribution (RMD), then the entire minimum distribution must be paid to you **BEFORE** you authorize a direct rollover. RMD may be required **because you are age 70 ½ or older this calendar year and have (i) separated from service or (ii) you are a 5% owner**. If you authorize a direct rollover to an IRA or eligible employer-sponsored retirement plan before you have taken the entire required minimum distribution for the year, this will result in an excess rollover contribution to your IRA or retirement plan. You will need to correct this excess rollover contribution by contacting the trustee or custodian of your IRA or retirement plan. This excess rollover contribution may also be subject to tax penalties. Please contact your Employer or MMRS if you are not sure whether you have received your required minimum distribution for the current calendar year.

Payment Policies

All distributions will be made payable to the participant or to the trustee/custodian of an IRA or qualified plan and will be mailed to the Participant's address we have on file, or to the address indicated by the Plan Sponsor.

Acknowledgement

The IRS requires that you receive a written Special Tax Notice Regarding Plan Payments prior to receiving such payment. Please read it carefully to understand the rollover rules and the special tax treatment regarding the mandatory income tax withholding rules on lump sum and installment distributions not directly rolled over to another qualified retirement plan or IRA that accepts rollover distributions. You should receive this notice between 90 and 30 days before the time for your distribution. You are entitled to have at least 30 days to consider your distribution option. However, you may affirmatively elect to waive the 30-day period and request a distribution or direct rollover as soon as possible by completing and signing this form.