

BONUS ELECTION FORM

Bonus elections are entirely separate from regular payroll elections. You may elect to contribute or suspend your percentage contribution from your special compensation. This form must be received before the final payroll cutoff date, **February 14, 2017**, for the next bonus check you may receive.

- If you elected a percentage contribution for your regular payroll, that percentage **will also apply** to any special compensation you receive, unless you make a 401(k) special compensation election.
- If you elected a set dollar amount for your regular payroll contribution, **no contribution** will be taken from your special compensation, unless you make a 401(k) special compensation election.

The IRS maximum annual contribution for 2017 is \$18,000, or \$24,000 if you are 50 or older.

ELECTIONS

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SUSPEND DEFERRAL

Select this option if you do not wish to make a deferral from your bonus, then electronically sign below and submit the completed form to benefits@oaktreecapital.com.

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PRE-TAX ELECTION

To elect a maximum amount (up to the IRS limit for 2017) on a pre-tax basis or elect a lesser amount, complete the authorization below:

I authorize Oaktree Capital Management, L.P. to defer ____% or \$____ of my bonus on a pre-tax basis.

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ROTH ELECTION

To elect a maximum amount (up to the IRS limit for 2017) on an after-tax basis as a Roth 401(k) contribution or elect a lesser amount, complete the authorization below:

I authorize Oaktree Capital Management, L.P. to defer ____% or \$____ of my bonus on an after-tax basis as a Roth 401(k) contribution.

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize my employer (1) to reduce my bonus by the above percentage for the calendar year after the effective date of this authorization, and (2) to make a deferral contribution to the Plan on my behalf equal to this amount. In addition, by electronically signing this form I acknowledge that I have read and understand the [Summary Plan Description](#), I have completed a [Beneficiary Designation](#) form, and I agree to be bound by the provisions of the Plan.

STAFF MEMBER NAME: _____ DATE: _____

STAFF MEMBER SIGNATURE: _____

Please send completed form to benefits@oaktreecapital.com. If you have any questions, please do not hesitate to contact Ariam Ghebreyesus at ext. 3278.