

PAGE/COLLINS PENSION SETTLEMENT

P.O. Box 4390

Portland, OR 97208-4390



Dear Family of [Participant Name]:

This letter is sent to you in an effort to locate [Participant Name] who worked with [Plan Sponsor]. [Participant Name] or his or her spouse or family is due a substantial pension payment estimated to be \$[XX] as a result of the settlement of the *Page/Collins* class action lawsuit against the Pension Benefit Guaranty Corporation (“PBGC”). This payment represents unpaid retirement benefits from work with [Plan Sponsor].

If you are [Participant Name] or a member of his or her family, could you please help us by completing the attached questionnaire and returning it in the enclosed prepaid envelope to: Page/Collins Pension Settlement, P.O. Box 4390, Portland, OR 97208-4390. If you do not know [Participant Name], or if [Participant Name] did not work for [Plan Sponsor] or any related company, we ask that you please return the form so we can redirect our search efforts.

Additional Information that May Help You:

You may call 1-888-275-7520 or send an email to mybgcpension@verizon.net for additional information. More information is also available at www.lostpension.net.

The company [Participant Name] worked for was [Plan Sponsor], located in [Plan Sponsor City and State]. This does not mean that [Participant Name] lived or worked in this particular city since many companies have employees in more than one location. Many companies also operate under more than one name.

If you wish to contact the PBGC directly, please call the PBGC at 1-800-316-8857 (regarding the “*Page/Collins* case”), or write to Henry Berko, PBGC, P.O. Box 151750, Washington, DC 22315-9923.

Most importantly, please return the attached questionnaire in the enclosed envelope so we can ensure that this claim is processed properly and the settlement benefits are paid to the eligible person or persons. Thank you very much for your help.

Sincerely,

Malcolm Rugeley
Navigant Consulting

PAGE/COLLINS PENSION SETTLEMENT QUESTIONNAIRE



Corrected Information

[Participant Name]

[Contact Name]

[Street Address]

[City, State, Zip]

[Plan Sponsor]

[Plan City, State]

Check One or More:

- The name, address and company information above is correct.
- Some of the information is incorrect. The corrected information is entered above.
- If [Participant Name] is deceased, please supply the following additional information:

Date of death: _____ City and State of Death: _____

Closest living kin's name: _____ Relationship: _____

Address or other contact information for closest kin, if different than address above:

- I do not know [Participant Name] or the [Participant Name] whom I knew did not work for [Plan Sponsor] or any related company.

- I would like someone to call me to discuss:

My name is: _____

My phone # is: _____

The best time to call is: _____

Please return this questionnaire in the enclosed prepaid envelope or mail it to Page/Collins Pension Settlement, P.O. Box 4390, Portland, OR 97208-4390.