



FORM FOR AN ESTATE REPRESENTATIVE OR EXECUTOR

This form is for an estate representative or executor to complete to claim pension benefits determined under the Page/Collins Class Action if the Participant named below is deceased and died with a will (if there was no will or surviving spouse, please complete the Intestate Form):

Participant's Name: _____
Social Security Number: _____
Date of Birth: _____
Pension Plan: _____
Plan Sponsor: _____

Please print the following information.

My name is _____. I verify that I am the legal representative or executor of the Estate of the Participant named above, who died on _____, _____.

I hereby swear and affirm that these statements are true and understand that false statements may lead to a penalty.

Your Signature: _____ Date: _____

Your Social Security Number: _____

For this form to be complete, you must supply proof of your capacity as the legal representative or executor of the estate of the deceased Participant by including a copy, not the original, of:

- (1) The probated will of the deceased Participant, or
- (2) A Court order indicating your capacity.

Please fill in your address if it is different than the address to which this letter was mailed.

Street Address: _____

City/State/Zip: _____

If this form is applicable, please complete it and return it along with the required proof of your capacity and the Response Form, to the following address: Page/Collins Settlement Director, P.O. Box 151750, Alexandria VA 22315-9923.