



INTESTATE FORM

This form is for beneficiaries to complete to claim pension benefits determined under the Page/Collins Class Action if a Class Member is deceased and there is no will or surviving spouse:

State of _____}ss County of _____}

My name is _____. I am of sound mind and over the age of 21.

I verify that _____ died on _____, _____ in

the State of _____. I was related to the decedent as his/her _____.

_____ died intestate (without a will). I attest under oath that I have the capacity to distribute any assets due the decedent pursuant to the laws of intestacy of the State of _____ and that I will distribute any assets that I receive from this class action pursuant to the laws of intestacy of this State as indicated in Items 1 and 2 below:

Please note: *In the absence of a will, beneficiaries must follow the applicable state law on payment to lineal relatives, or they cannot be paid. As a beneficiary, you do not have the discretion to pay yourself more than the state law allows or to pay brothers, sisters, and other relatives less than the state law allows. Additionally, unless state law provides for it, you do not have the discretion to pay yourself additional funds if you paid for the participant's funeral expenses or if you took care of the deceased person in their last days. You do not have the discretion to make a payment to yourself if you are not a lineal relative of the participant. (Lineal relatives include children, grandchildren, brother, sisters, etc.)*

1. Distributions to Non-Heirs:

If any of the benefits due to the decedent are required by the laws of intestacy of this State to be used to pay funeral expenses or claims against the decedent, provide the name and address of the payee and the amount to be paid:

Name and Address	Nature of Claim	Amount
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2. Distributions to Heirs of the Decedent:

List the name, address, and relationship to the decedent of all heirs who are entitled to a portion of the estate under the law where the decedent died intestate, such as, for example, the decedent's children and grandchildren if any children of the decedent are deceased.

Name and Address	Relationship	Percentage
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I have attached a document, if available, showing both the name of the decedent and my name.

Affiant

Sworn to and subscribed before me on the _____ day of _____ 20____.

Notary Public

My Commission Expires _____.