



FORM FOR A SURVIVING SPOUSE

This form is for a surviving spouse to complete to claim the pension benefits determined under the Page/Collins Class Action if the Participant named below is deceased:

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

Please print the following information.

My name is _____ I was married to the Participant named above who died on _____, _____. We were married on _____, 19____. The statements checked below are true (check one or both):

I was married to the Participant named above when the Pension Plan terminated.

I was married to the Participant named above when the Participant died.

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 _____

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 Response Form, to the following address: Page/Collins Settlement Director, P.O. Box 151750, Alexandria VA 22315-9923.