Page/Collins Class Action Settlement Director

P.O. Box 151750 Alexandria, VA 22315-9923 1-800-316-8857

_____ (Name)
_____ (Address)
_____ (City, State, Zip)

CONDITIONAL BENEFIT NOTICE

Participant No. _____ Plan No._____

Plan Sponsor/Employer:

We have determined that _____ is conditionally entitled to benefits under the Page/Collins Class Action Settlement, which was adopted by court order on June 7, 1996.If you have already received some benefits under the plan, the Settlement may not entitle you to receive additional payments. The agreement provides that benefits from the Pension Benefit Guaranty Corporation be paid to certain participants of plans that terminated between 1976 and 1981.This Settlement Benefit will not affect any other benefit you are receiving on account of your employment with the Plan Sponsor above.

Conditional Benefit: $_____ Payment is conditioned on proof that the participant was employed with the company listed above for a period of ten years or greater.

Date of Birth:	**Social Security Number:**
Date of Hire:	

To complete your response, sign and date the Social Security Earnings Authorization Form on the back of this notice. Also, if you are a spouse or beneficiary of the participant listed in paragraph one above, please supply your SSN:_____. Return this notice and signed authorization form in the envelope provided. You may request additional information by checking one or both boxes below:

☐ Please send tax election information.

☐ The participant named above is deceased: please send additional forms. Note: if the participant is deceased, you will need to provide a copy of the death certificate or other proof of death.

I hereby certify that I am the individual (or surviving spouse or estate representative or such person) who worked for the company listed on this form, and that the information above is true and correct to the best of my knowledge and belief.

Signature:_____ **Date:**_____

If you have any questions or need assistance in completing these documents, please call 1-800-316-8857.

Enclosures: Postage-paid reply envelope
Social Security Authorization Form

Page/Collins Class Action Settlement
Social Security Earning Authorization Form

Please correct any information below that you feel is incorrect. ***If participant is deceased, enclose a copy of the death certificate.***

1. Whose detailed earnings record do you need?
   Name: _____ Social Security Number: _____

   Other name(s) used
   (Include maiden name)_____ Date of birth
   _____

2. What kind of information do you need?

   Detailed Earnings Information for the date of hire provided by you and two succeeding years.

3. Why do you need this information?

   I need this information to be eligible to receive settlement benefits in the Page/Collins v. PBGC class action.

4. I am the individual to whom the earnings record applies or a person who is authorized to sign on behalf of that individual. I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine or imprisonment or both. I hereby authorize the Social Security Administrations to release my earnings records information directly to the Page/Collins Settlement Director at the address below.

   SIGN your Name here_____ Date_____
   (Do not print)

PAGE/COLLINS CLASS ACTION SETTLEMENT DIRECTOR
P.O. Box 151750
Alexandria, VA 22315