

PAGE/COLLINS CLASS ACTION

FORM FOR AN ESTATE REPRESENTATIVE OR BENEFICIARY

This verification concerns pension benefits under the Page/Collins Class Action determined for the following participant:

PARTICIPANT'S FIRST NAME

PARTICIPANT'S MIDDLE NAME

PARTICIPANT'S LAST NAME

PARTICIPANT'S SOCIAL SECURITY NUMBER

_____/_____/_____
PARTICIPANT'S DATE OF BIRTH

PLAN NAME / PLAN SPONSOR (IF KNOWN)

(Note: If the Participant is alive, do not complete this form).

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 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 and return it with the required proof, along with the Response Form, to the following address:

**Page/Collins Settlement Director
P.O. Box 151750
Alexandria, VA 22315-9923**