

PAGE/COLLINS CLASS ACTION

FORM FOR A SURVIVING SPOUSE

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).

Please print the following information:

My name is _____. I was married to the Class Member named above who died on _____, 19____. 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 above-named 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 and return it, along with the Response Form, to the following address:

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