

Page/Collins Class Action Settlement Director

P.O. Box 419

Dallas, Texas 75221

1-800-316-8857

RE: Final Benefit Distribution for _____
PARTICIPANT NAME PARTICIPANT ID #

Attached are the forms required to re-issue the final distribution check previously made payable to

NAME OF PAYEE

If you are the **surviving spouse** of the deceased pension plan participant, please return the final distribution check and the following completed forms / documentation:

1. Response Form
2. Surviving Spouse Form
3. Certificate of death for the deceased pension plan participant (a photocopy is acceptable).

If you are the **estate representative / beneficiary** of the deceased pension plan participant, and the deceased participant **died with a will**, please return the final distribution check and the following completed forms / documentation:

1. Response Form
2. Estate Representative / Beneficiary Form
3. Participant's will (a photocopy is acceptable)
4. Certificate of death for the deceased pension plan participant (a photocopy is acceptable).

If you are the **estate representative / beneficiary** of the deceased pension plan participant, and the deceased participant **died without a will**, please return the final distribution check and the following completed forms / documentation:

1. Response Form
2. Intestate Form
3. Certificate of death for the deceased pension plan participant (a photocopy is acceptable).

Please ensure that all forms are signed and dated and return them, along with the original final distribution check to the following address:

Page/Collins Settlement Director
P.O. Box 419
Dallas, Texas 75221

If you have any questions concerning the completion of these forms or required documentation, contact the Customer Service Department at 1-800-316-8857 for assistance.

Sincerely,
Customer Service Department
Page/Collins Class Action Settlement

Enclosures: Response Form
Surviving Spouse Form
Form for an Estate Representative or Beneficiary
Intestate Form

PAGE/COLLINS CLASS ACTION

RESPONSE FORM

See instructions in the attached letter. You must complete the "Claim Form and Tax Election" and "Signature Block" sections of this form and return it to be paid.

PLAN NAME

PARTICIPANT NAME

Claim Form and Tax Election

I wish to accept the benefit as computed and to notify you of my tax election for disbursement. Check one box, then sign this form in the Signature Block below.

CHECK ONLY ONE OF THESE BOXES – A, B, OR C

- A. Pay the lump sum distribution, less 20% federal income tax withholding, directly to me.
 NOTE: If you are an estate representative or a non-spousal beneficiary, this distribution is not eligible for rollover. Such payees may, however, elect to have no income tax withheld by checking this box.
- B. Rollover the entire amount to my IRA or qualified plan (provide account details below).
- C. Rollover _____% (choose even percent from 1% to 99%) of the benefit distribution (provide account details below). The check will be made payable to my IRA and will be mailed directly to me for deposit. Pay any balance, less 20% federal income tax withholding, directly to me.

Rollover Account details: If you checked B or C above, you must provide the following information:

Name of IRA or Qualified Retirement Plan (name of account)

Name of Trustee or Custodian (e.g. the bank)

Signature Block

I hereby swear and affirm that I am the individual who worked for the company listed on this form, or the surviving spouse or estate representative of such person, and that any statements made by me on this form are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____, _____

Print Name: _____ SSN: _____ - _____ - _____

New Address: _____

City: _____ State: _____ ZIP: _____

Daytime telephone number: () _____ - _____

Place this completed form, and any required documentation, in the mail in time to reach our office by the date specified in your election above. If you have any problems or questions completing this form, call us for help.

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 SPONSER (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 419
Dallas, Texas 75221**

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 SPONSER (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 419
Dallas, Texas 75221**

