



CITGO Petroleum Corporation

LIFE INSURANCE BENEFICIARY DESIGNATION

Employee Name: _____ SSN: _____

Please check one of the following – if you designate specific plans, check **ONLY** and list plan(s) that applies to this form and complete additional form for remaining plan(s).

ALL LIFE INSURANCE PLANS

ONLY: _____

Please enter a plan(s) from the following: Basic Life, Optional/Supplemental Life, Personal Accident, Fire Fighting Accidental Death, Occupational Accidental Death, Pre-Retirement Life, Post-Retirement Life, Prior Plan Frozen Life

If you wish to designate different beneficiaries for your different life insurance plan(s), you may complete and print additional copies of this form. For assistance with this form contact the Benefits Helpline, toll-free, at 1-888-443-5707 or e-mail at benefits@citgo.com.

PRIMARY BENEFICIARY(IES)

Total Must = 100%

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>% of Interest</u>
Address / City / State / Zip			Telephone	

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<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>% of Interest</u>
Address / City / State / Zip			Telephone	

CONTINGENT BENEFICIARY(IES)

Total Must = 100%

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>% of Interest</u>
Address / City / State / Zip			Telephone	

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>% of Interest</u>
Address / City / State / Zip			Telephone	

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Relationship</u>	<u>% of Interest</u>
Address / City / State / Zip			Telephone	

I have properly completed the Beneficiary Designation form and I reserve the right to revoke or change the designation in accordance with Plan provisions.

Signature of Employee/Retiree Date

NOTE

**WE CANNOT ACCEPT BENEFICIARY FORMS THAT ARE INCOMPLETE OR HAVE INFORMATION
CROSSED OUT. YOU MUST COMPLETE THIS FORM AND RETURN TO THE BENEFITS DEPARTMENT.**

IMPORTANT INFORMATION FOR PARTICIPANTS ONLY

You may name as many primary or contingent beneficiaries as you want. Please be sure to indicate the percentage you want each beneficiary to receive. If a designated beneficiary is not an individual (e.g., a trust, estate, or charitable organization), you must provide information and documentation relevant to that beneficiary. Contact the Benefits Department or refer to your Summary Plan Description for more information.

BENEFICIARY DEFINITIONS

- Primary:** The person(s) who will receive benefits payable upon your death.
- Contingent:** If your primary beneficiary(ies) dies before or at the same time as you, the contingent beneficiary(ies) would receive the benefits payable in accordance with plan provisions.

If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal amounts to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the provisions of the Plan and applicable law. This designation may be changed in accordance with the provisions of the Plan.

Please follow these instructions:

- Enter your name and social security number at the top.
- Select All Plans or designate the specific plan name(s).
- List your beneficiary(ies) under Primary and Contingent.
- The Percentage of Interest must total 100% for Primary beneficiaries and 100% for Contingent beneficiaries.
- For each beneficiary you will need to provide:
 - Name
 - Address
 - Date of Birth
 - Social Security Number
 - Relationship
 - Percent you want each beneficiary to receive. (If you name more than one beneficiary, proceeds will be shared equally unless you specify otherwise.)
- If you wish to name more persons per beneficiary designation form(s), for either your Primary or Contingent Beneficiaries, you may use multiple forms.
- If you wish to designate different beneficiaries for your different Life Insurance Plan(s), you must complete a separate form for each plan. You may request additional copies of this form from the Benefits Department.
- Print sign and date your form.
- Retain a copy for your records.
- Submit completed form(s) to:

U.S. Postal Mail

CITGO Petroleum Corporation
Attn: Benefits Planning & Administration
P.O. Box 4689
Houston, TX 77210-4689

Interoffice Mail

OR Benefits Department

If you need assistance in completing this form, please call the Benefits HelpLine toll free, at 1-888-443-5707, or e-mail at benefits@citgo.com.