Alyeska pipeline SERVICE COMPANY

Beneficiary Designation

Participant Name:	Employee ID:	Social Security:

Please note when filling out this form:

1. Do not erase or attempt to make any corrections; use a new form if errors are made.
2. When the beneficiary is not related to you by blood or marriage, the "Relationship" should be shown as "Non-relative."
3. This designation becomes effective upon receipt in good order by the Human Resources Department.

COMPLETE ONLY ONE SECTION:

Standard Designation Section (***If you complete this section, the Name Designation section below must be left blank. Sign at bottom.)***

I hereby designate a beneficiary or beneficiaries to receive any payment due under the following plans in the event of my death:

☐ Group Term Life Insurance (Retirees only)
Group Policy # 121068-1-G

☐ Long Term Performance Plan

I designate the first applicable beneficiary/beneficiaries listed below who survive(s) me in equal percentages.

1. My spouse.
2. My children who either survive me or who die before me leaving children of their own who survive me and, in the case of each child who dies before me leaving children who survive me, subdividing his or her share equally among those children.
3. My surviving parents.
4. My brothers and sisters who either survive me or who die before me leaving children of their own who survive me and, in the case of each brother or sister who dies before me leaving children who survive me, subdividing his or her share equally among those children.
5. My estate.

In this designation, one's "child" means a son or daughter by legitimate blood relationship or legal adoption; one's "parents" means a father or mother by legitimate blood relationship or legal adoption; one's "brother" or "sister" means another child of either or both of parents; and words impairing the plural include the singular.

I hereby revoke any designation I may have made earlier of any beneficiary or beneficiaries to receive such payments. I understand that I can revoke this designation but only to the extent permitted by the applicable plans or insurance contracts.

Name Designation Section ***(If you complete this section, the Standard Designation section above must be left blank.)***

I hereby designate a beneficiary or beneficiaries to receive any payment due under the following plans in the event of my death:

☐ Group Life Term Insurance (Retirees only)
Group Policy # 121068-1-G

☐ Long Term Performance Plan

I designate as beneficiary each of the following persons at the directed "percent" who survive me.
(When the beneficiary is not related to you by blood or marriage, the "Relationship" should be shown as "Non-relative.")

Name	Present Address	Date of Birth	Relationship	Percent
				100%

I direct you to pay each surviving beneficiary the percent of the total benefit as stated for him or her. If none of the foregoing persons survive me, I designate as beneficiary my surviving spouse, or if I do not have a surviving spouse, my estate. I hereby revoke any designation I may have made earlier of any beneficiary or beneficiaries to receive such payment. I understand that I can revoke this designation but only to the extent permitted by the applicable plans or insurance contracts.

Signature:		Date:
Witness: (Print name – must not be beneficiary)	Witness Signature:	Date:

HR Use Only
Date Received: **Received By:**