BASIC LIFE GROUP INSURANCE PLAN
BENEFICIARY DESIGNATION

Important: Please read the reverse side of this form before proceeding.
Please type or print in black ink.

Reason	☐ Initial Designation ☐ Change Prior Designation	
Part 1 Employee/LTD Participant Information	Name: (Last) (First) (M.I.)	Social Security Number:

Part 2 Primary Beneficiary Designation	In the event of my death, I hereby designate the below named individual(s) as my primary beneficiary(ies) to receive benefits under the Basic Life Insurance Plan. (If additional space is required, enter the additional beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.) Total percentage for Primary Beneficiary(ies) must equal 100% when added.

Primary Beneficiary Name (last, first, middle initial) and Address	% of Death Proceeds	Social Security Number (Taxpayer I.D. Number)	Date of Birth	Relationship

Contingent Beneficiary(ies)	In the event my primary beneficiary(ies) predecease me, I hereby designate the below named individual(s) as my contingent beneficiary(ies). (If additional space is required, enter the additional contingent beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.) Total percentage for Contingent Beneficiary(ies) must equal 100% when added.

Contingent Beneficiary Name (last, first, middle .initial) and Address	% of Death Proceeds	Social Security Number (Taxpayer I.D. Number)	Date of Birth	Relationship

Part 3 Employee Signature and Date	_____ Employee Signature	_____ Date
Part 4 Witness Signature and Date	_____ Witness Signature (Must not be beneficiary)	_____ Date
Resources Only	_____ OxyLink Representative	_____ Date

BENEFICIARY DESIGNATION FORM INSTRUCTIONS

Please type or use a black ink pen. (Pencil is not acceptable)
If you make a mistake in the Primary or Contingent sections of this form, please go online to ***www.Oxylink.oxy.com*** to print a new form or call OxyLink at **1-800-699-6903** to request a new form. (Forms with cross-outs and white-out can not be accepted.)

Reason: Check one box only.

Part 1 **Employee/LTD Participant Information**: Provide your full name (Last, First and Middle initial) and social security number.

Part 2 **Beneficiary Designation**: You may change your beneficiary designation at any time. This designation form will not be effective until received by OxyLink. Once received and accepted, it will supersede all other Basic Life Group Insurance Plan designation forms previously received.

- This designation will not affect your beneficiary designations for any other company-sponsored benefit plan.
- Enter the given name of each beneficiary - for example, Mary J. Jones, *not* Mrs. John Jones. Also enter each beneficiary's address, Social Security number and date of birth.
- Enter your relationship to each beneficiary. If the beneficiary is not your spouse or a blood relative, enter "no relation."
- If you designate more than one beneficiary, indicate the percentage of the distribution you wish each beneficiary to receive. Make sure the total of these percentages equal 100%. If no percentage is specified, the distribution will be paid in equal amounts to each surviving beneficiary.
- Enter as many beneficiaries as you wish. If additional space is required, enter the additional beneficiary information on a separate sheet. Sign and date the attachment and staple it to this form.
- If a minor (a person not of legal age) is named as a beneficiary, it may be necessary that a guardian be appointed by a court before payment can be made on behalf of such beneficiary.
- If any of your primary beneficiaries predecease you and you do not complete and return a new beneficiary designation form, the percentage such beneficiaries would have received will be divided equally among your surviving primary beneficiaries.
- If all designated primary beneficiaries predecease you, payment will be made to your contingent beneficiaries. If any of your contingent beneficiaries predecease you and you did not complete and return a new beneficiary designation form, the percentage such beneficiaries would have received will be divided equally among your surviving contingent beneficiaries.
- If all of your contingent beneficiaries predecease you and you did not complete and return a new beneficiary designation form, or you choose not to name any contingent beneficiaries, payment will be made in accordance with plan provisions using the following pecking order:
    - Your surviving spouse
    - Your surviving children, equally
    - Your surviving parents, equally
    - Your surviving brothers and sisters, equally
    - Your estate

Part 3 **Employee Signature and Date**: You must sign, date and return your beneficiary form.

Part 4 **Witness Signature and Date**: You must have a witness. Witness cannot be a named beneficiary.
Return form to:

OxyLink Employee Service Center
4500 S 129th East Avenue
Tulsa OK 74134-5801