

Daimler Truck North America LLC Benefits Program

Retiree Beneficiary Designation Form

RETIREE NAME	SOCIAL SECURITY NUMBER

Use this form to name the person(s) your Retiree Life Insurance benefits are to be paid to in the event of your death. You are asked to name both a primary and a contingent beneficiary.

- A **primary beneficiary** is defined as the person you name to receive any benefits if you die. You can designate more than one primary beneficiary. Just be sure the total for all primary beneficiaries equals 100%.
- A **contingent beneficiary** is defined as the person you name to receive any benefits if the primary beneficiary is deceased. You can designate more than one contingent beneficiary. Just be sure the total for all contingent beneficiaries equals 100%.

For additional information on naming your beneficiary(ies), please see the life insurance section of your Summary Plan Description.

Please send completed form to:

Daimler Truck North America
PO Box 5434
Spokane, WA 99205-0434

Complete this section for the Retiree Life Insurance provided by Daimler Truck North America LLC

_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security #	_____ Percent	_____ Birthdate	_____ Telephone #
_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security #	_____ Percent	_____ Birthdate	_____ Telephone #
_____ Contingent Beneficiary Name	_____ Relationship	_____ Social Security #	_____ Percent	_____ Birthdate	_____ Telephone #
_____ Contingent Beneficiary Name	_____ Relationship	_____ Social Security #	_____ Percent	_____ Birthdate	_____ Telephone #

Retiree signature _____ Date _____