SUPPLEMENTAL PENSION ARRANGEMENT (SPA)

DESIGNATION OF BENEFICIARY

<table>
<thead>
<tr>
<th>EMPLOYEE NUMBER</th>
<th>DEPARTMENT</th>
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<table>
<thead>
<tr>
<th>SURNAME</th>
<th>GIVEN NAME</th>
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FOR DEATH BENEFITS RELATED TO CONTRIBUTIONS MADE TO THE SUPPLEMENTAL PENSION ARRANGEMENT, I HEREBY DESIGNATE THE FOLLOWING BENEFICIARY(IES):

___________________________________________________________
___________________________________________________________
___________________________________________________________

NAME OF BENEFICIARY(IES)       RELATIONSHIP

CONTINGENT BENEFICIARY(IES):
In the event that the above names beneficiary(ies) predecease me or whose death occurs simultaneous to mine, I hereby designate the following beneficiary(ies):

___________________________________________________________
___________________________________________________________
___________________________________________________________

NAME OF BENEFICIARY(IES)       RELATIONSHIP

NOTE: If beneficiary(ies) under age 18 or mentally infirm - please designate trustee.

TRUSTEE DESIGNATION:

___________________________________________________________
NAME OF TRUSTEE       RELATIONSHIP

is hereby appointed Trustee to receive any payment due on or after my death to any beneficiary designated on this form who is a minor or who is mentally infirm on the date such payment falls due.

EMPLOYEE SIGNATURE ___________________________ DATE ___________________________ PROCESSED BY:

Please return form to: