

DETROIT FREE PRESS, INC.
NEWSPAPER GUILD OF DETROIT PENSION PLAN

Lump Sum Beneficiary Designation Form

(Please Print or Type)

I hereby designate:

____ my _____
(Name of Beneficiary) (Relationship to participant)
and

(Name of Beneficiary)

my _____
(Relationship to participant)

As my Beneficiary(ies) to receive any benefits under the Pension Plan which may be payable upon my death. I understand that if I name more than one Beneficiary, death benefits payable under the Pension Plan will be divided equally among the Beneficiary(ies) who is(are) living at the time of my death.

In the event the above-named Beneficiary(ies) is(are) not living at the time of my death, I hereby designate:

(Name of Contingent Beneficiary)

my _____
(Relationship to participant)

and _____

(Name of Contingent Beneficiary)

my _____
(Relationship to participant)

as my Contingent Beneficiary(ies) to receive any such benefits. I understand that if I name more than one Contingent Beneficiary, any death benefits payable under the Pension Plan will be divided equally among the Contingent Beneficiary(ies) who is(are) living at the time of my death.

You may name more than one Beneficiary and more than one Contingent Beneficiary. You may write more than one name per line if necessary. Please cross out any blank lines.

You should review your beneficiary designations regularly.

This Beneficiary Designation supersedes any Beneficiary Designation which may have been made by me prior to this date for purposes of the Pension Plan.

(Name of Participant)

(Social Security Number)

(Signature of Participant)

(Date) _____