

**STERLING CHEMICALS, INC.
BENEFICIARY DESIGNATION**

Check one or both: Life & AD&D (Company provided)

Optional Group Term Life

Social Security Number	Last Name	First Name	MI	Badge

Use this form to name your beneficiary(ies) in the Group Life and Accidental Death & Dismemberment (AD&D) programs offered through Sterling. This form must be dated, signed and returned to the **Human Resources Department** before it will become **effective**. This will supercede any previous beneficiary designation you have made.

INSTRUCTIONS:

1. If you make any errors on this form, do not erase or attempt to make any corrections; obtain a new form from the Human Resources Department.
2. When more than one beneficiary is designated, be sure to indicate the percent each is to receive.
3. Before any death benefit can be paid to a minor, a guardian or administrator will have to be appointed. This can result in legal expense for the beneficiary and delay the death benefit payment. Consider this when naming your beneficiary(ies).
4. Keep a copy of this document with your personal papers and please notify your beneficiary(ies) that upon your death they must contact the Sterling Chemicals, Inc. Human Resources Department.

In the event of my death, I hereby designate the following as beneficiary(ies) of any benefits payable from these programs:

PRIMARY BENEFICIARY(IES)						
Social Security #	Name (Last, First, MI)	Address	Phone #	Relationship	%	Birthdate

If your primary beneficiary(ies) die before you, then your secondary beneficiary(ies) will receive the benefits when you die.

SECONDARY BENEFICIARY(IES)						
Social Security #	Name (Last, First, MI)	Address	Phone #	Relationship	%	Birthdate

Beneficiary designations may be changed at any time without present beneficiary consent.

Signature of Employee

Social Security Number

Date