General Notes

- For active employees beneficiary form completion, please follow the instructions from page 3 to page 20.
- For **retirees** beneficiary form completion, please follow the instructions from page **21 to page 27**.

Separated Participants

The ExxonMobil Benefits Service Center provides this administrative service for all Inactive Savings Plan participants. You may contact them by:

Logging onto the ExxonMobil Benefits Web at www.exxonmobil.com/benefits OR Calling 800-682-2847 Monday through Friday Between the hours of 8:00 a.m. to 6:00 p.m., EST

Complete, sign, date and return the form(s):

Regular Mail:

ExxonMobil Benefits Service Center P.O. Box 199540 Dallas, TX 75219-9722

Overnight Mail:

ExxonMobil Benefits Service Center 1303 Ridgeview Drive Suite 3540 Lewisville, TX 75057

OR

Via Fax **: 855-213-4435 ** Note: Forms that require spousal consent will only be accepted by mail

COMPLETING A BENEFICIARY DESIGNATION GUIDELINES

Beneficiary designations determine the recipient of your benefits upon your death. Your designation form becomes effective when it is reviewed and accepted by Benefits Administration. When accepted, it is retroactively effective as of the date it was signed and it revokes all prior beneficiary designations for that benefit. Submit the form as soon as possible after completing it.

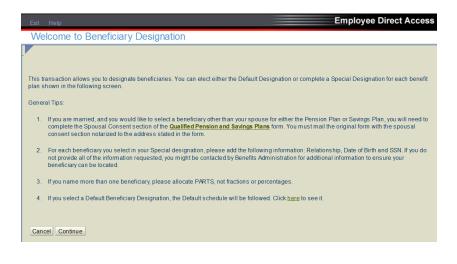
There are two beneficiary designation options: **Default Designation** or **Special Designation**. Choose <u>only one</u> type option. If you select both, your benefits will be paid by applying the Special Designation.

Following are general instructions on completing your beneficiary designation. See **Section A**, if you are submitting through EDA and **Section B** if you are submitting paper form designations.

I. GENERAL INSTRUCTIONS

A. For submitting Beneficiary Designations through EDA

> Select My Benefits, then Beneficiary Designations and click on Continue.



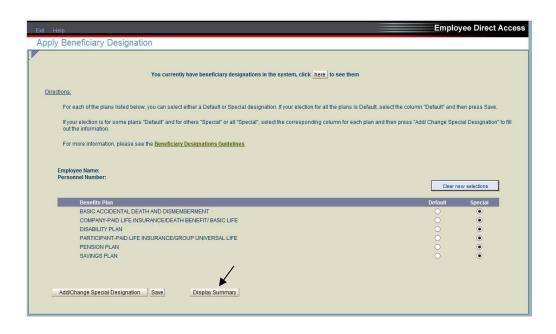
To change or create a **Default Designation**, choose the **Default** option for each plan you want the option to apply to, then click on **Save.** To change or create a **Special Designation**, choose the **Special** option for each plan you want the option to apply to, then click on **Add/Change Special Designation**.

You currently have beneficiary designations in th Ited below, you can select either a Default or Special designation. If j		"Default" and then press Save.
ted below, you can select either a Default or Special designation. If y	our election for all the plans is Default, select the column	"Default" and then press Save.
ted below, you can select either a Default or Special designation. If y	our election for all the plans is Default, select the column	"Default" and then press Save.
, jez zali z zali z Denon of Opecial designation, in j	and a second and a second and contains	
ease see the Beneficiary Designations Guidelines		
		Clear new selections
		Clear New Selections
		Default Special
·		
	piease see the <u>Beneficiary Designations</u> <u>Guidelines</u> INTAL DEATH AND DISIMEMBERMENT D LIFE INSURANCECECATH BENEFITT BASIC LIFE AN PAD LIFE INSURANCECECOUP UNIVERSAL LIFE	INTAL DEATH AND DISMEMBERMENT D LIFE INSURANCEDEATH BENEFIT/ BASIC LIFE AN

Choose a Benefit Plan from the dropdown menu, click View, then type your designation in the space provided. For individual beneficiaries, include the name of the beneficiary, relationship, parts (not percentages or fractions), address (street, city, state, zip) and date of birth. Refer to Part IV of these Guidelines for specific examples of how to complete a Special Designation.

			CREATE A SPEC	IAL BENEFICIARY DE SIGNATION		
nefit Plan:	Title for your Special	Beneficiary Designa	aon			
	TH AND DISMEMBERMENT	Vie		the dropdown, write your designations and click "Say		
ISIC ACCIDENTAL DEA		1	and a second second	the dropdown, write your designations and click. Sav	e changes for each of the plans, to refresh the	screen, click on
	Click here for an exam	ple of wording for spec	ial designations			
		iaries considering th	e general tips prov	ided on the welcome to Beneficiary Designation	screen and following	
	example below:					
			Pri	mary Beneficiaries		
	Name	Relationship	Parts	Addres (Street, City, State, Zip)	Date of Birth	
	Carol Smith	Spouse	2	Street, City, State, Zip	07/18/1960	
	John Smith	Child	3	Street, City, State, Zip	12/01/1985	
				cutors or administrators as beneficiary. I hereby cance that I may cancet this designation, but only to the exte		

> Click **Display Summary** to see the status of your beneficiary designations.



New beneficiary designations submitted will have a "Pending Legal Approval" status until the designations are reviewed and approved. If any adjustment is needed before approval, you will receive an email describing the issue.

xit Help			Employee Direct Ac
Overview Beneficiary Designation			
Below you can see your current elect	ions. You may change by clicking "Change Desig	nations".	
Your current marital status is Single. If you are married and your spouse i	s not your primary beneficiary for the Pension and	Savinge Plan Shousal	Concept is required
Tour current mantar status is single. If you are married and your spouse i	a not your primary beneficiary for are renation and	oavings rian, opousai	Consent is required.
Employee Name:			
Personnel Number:			
Benefits Plan	Designation	Date	Status
BASIC ACCIDENTAL DEATH AND DISMEMBERMENT COMPANY-PAID LIFE INSURANCE/DEATH BENEFIT/ BASIC LIFE	Special Special	12/29/2015 12/29/2015	Pending Legal Approval Pending Legal Approval
DISABILITY PLAN	Special	12/29/2015	Pending Legal Approval
PARTICIPANT-PAID LIFE INSURANCE/GROUP UNIVERSAL LIFE	Special	12/29/2015	Pending Legal Approval
PENSION PLAN	Special	12/29/2015	Pending Legal Approval
SAVINGS PLAN	Special	12/29/2015	Pending Legal Approval
Change Designations Display Special Designation Form Print Screen			
Change Designations Display Special Designation Form Print Screen			
Change Designations Display Special Designation Form Print Screen			

 \triangleright

B. For submitting Beneficiary Designations through paper form

Clearly PRINT the information in Section [1] at the top of the form.

QUALIFIED PENSION AND SAVINGS PLANS BENEFICIARY DESIGNATION EXONMObil

[1] PRINT PARTICIPANT FULL NAME	SOCIAL SECURITY NUMBER
CHECK MARITAL STATUS: Single Married Widowed Divorced	<u>_</u>

Check the Specific Plan(s) in Section [2] to which the Designation applies. There are three different forms available: <u>Qualified Pension and Savings Plans</u>; <u>Life, Accidental Death & Dismemberment Insurance and Disability Plan</u>; and <u>Non-Qualified Plans</u>. If you are a retiree, you will generally only need the form for Life Insurance. These forms apply to all Exxon, Mobil, SeaRiver, CORS, Superior Oil, XTO, and ExxonMobil benefits.

[2] CHECK EITHER ONE BOX FOR ALL PLANS or EACH BOX FOR SPECIFIC PLAN(S):

ALL PLANS - I select ALL OF THE PLANS listed below in which I presently participate or may participate in the future
 OR

I select the following SPECIFIC PLAN(S) for which this designation will apply:

□ COMPANY-PAID LIFE INSURANCE/DEATH BENEFIT – BASIC LIFE INSURANCE -- FAMILY ADJUSTMENT PLAN □ PARTICIPANT-PAID LIFE INSURANCE – GROUP UNIVERSAL LIFE – CONTRIBUTORY GROUP LIFE □ BASIC ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

□ VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

- DISABILITY PLAN
- > Select either **Default** or **Special Designation**.
 - DEFAULT DESIGNATION I hereby elect the Default Designation payment schedule as defined below. If this option is selected, skip to Section [5]:
 - o If you are married at the time the benefit is payable, proceeds will be paid to your spouse.
 - If you are widowed, divorced, or single at the time the benefit is payable, the proceeds will be paid to the first of the following who survive you:
 - Divided equally among your children who either survive you or who die before you leaving children of
 their own who survive you. In the case of each child who dies before you leaving children who survive
 you, subdivide his or her share equally among those children.
 - Divided equally between your surviving parents.
 - Divided equally between your brothers and sisters who either survive you or die before you leaving children of their own who survive you. In the case of each brother or sister who dies before you leaving children who survive you, subdivide his or her share equally among those children.
 - Pay all to your executors or administrators.
 - □ SPECIAL DESIGNATION I hereby elect the designation(s) set forth in Section [4] and/or [6].
- ▶ If you select the Default Designation, skip to Section [5].
- If you are married and you elect the Special Designation, notarized spousal consent is required if your spouse is NOT YOUR ONLY Primary Beneficiary for your qualified Pension or Savings Plan benefit. No spousal consent required for any other designation.

[6] OBTAIN SPOUSAL CONSENT AND NOTARIZATION IF SPOUSE IS NOT THE ONLY PRIMARY BENEFICIARY: I am the spouse of the participant executing this beneficiary designation, and have the right to any benefit payable under the Pension Plan, and to the participant's vested account balance remaining in the Savings Plan at the time of death. By signing below, I agree to give up my right to the Pension and/or the Savings Plan account balance as provided in this Special Designation. I understand that by signing below, I may receive less money than I would have otherwise received under the Plan(s), and that the Pension and/or remaining Savings Plan account balance will be paid to the beneficiary or beneficiaries designated above. I understand that I do not have to sign this spousal consent, and that I am doing so voluntarily.

If all the text for the Special Designation Form is on the Additional Page, please write "see attached" or "see additional page(s)" in Section [4].

ate of Birth

Sign your name at the Participant Signature line and date the form.

[5] PARTICIPANT AUTHORIZATION:	
This designation when reviewed and accepted by Benefits Administra Plans. If none of the named beneficiaries survive me, I designate my	
Participant Signature:	Date:

Print your name, SSN, sign and date the Additional Page provided if your Special Designation needed more space. If spousal consent was required, the Additional Page must also be signed by your spouse and notarized.

·

ADDITIONAL GUIDELINES AND INFORMATION

II. DEFAULT (aka "STANDARD") BENEFICIARY DESIGNATION

Generally, if you do not submit any beneficiary designation at all, your benefits for all the plans will be paid according to the Default Designation.**

****Note:** Retirees with Mobil Retiree Life Insurance who have not named a beneficiary will have the benefit paid to their Estate.

The Default Designation provides that the plan benefit is paid to the first of the following who survive you:

- o If you are married at the time the benefit is payable, proceeds will be paid to your spouse.
- If you are <u>widowed</u>, <u>divorced</u>, <u>or single</u> at the time the benefit is payable, the proceeds will be paid to the first of the following who survive you:
 - <u>Divided equally among your children</u> who either survive you or who die before you leaving children of their own who survive you. In the case of each child who dies before you leaving children who survive you, subdivide his or her share equally among those children.
 - Divided equally between your surviving parents.
 - <u>Divided equally between your brothers and sisters</u> who either survive you or die before you leaving children of their own who survive you. In the case of each brother or sister who dies before you leaving children who survive you, subdivide his or her share equally among those children.
 - Pay all to your executors or administrators.

For purposes of the Default Designation:

- All references to marriage shall mean a marriage that is legally recognized under the laws of the state or other jurisdiction in which the marriage takes place, consistent with U.S. federal tax law. All references to a spouse or a married person shall refer to individuals who have such a marriage.
- Your child, parent, brother, or sister includes only someone who is your legitimate blood relative or whose relationship with you is established by virtue of legal adoption. One's brother or sister means another child of either or both parents. Step-children, step-parents, and step-siblings are not included.

If you wish a designation other than this specific default sequence, choose the Special Beneficiary Designation.

NOTE: For purposes of the Default Designation, if you and your spouse die within 30 days from injuries sustained in a common accident, your spouse is treated as predeceasing you. If you use a Special Designation, you must include this rule if you want it to apply.

Frequently Asked Question:

Why should I submit a Default Designation if I want to have my benefits distributed according to the standard/default designation upon my death?

Answer:

When a Default Designation is submitted and accepted, it revokes any prior Special Designation on file and ensures that you have a current designation on file.

III. SPECIAL BENEFICIARY DESIGNATION

This designation is used to arrange for a contingency or other designation not provided for in the Default Designation. In this guideline, there are numerous examples to ensure that the wording in a Special Designation is legally acceptable. Please contact the Benefits Administration office at 800-262-2363 (select option 1, then option 4) to review the wording prior to completing the beneficiary designation form.

On the Special Designation, you may name one or more beneficiaries. If you name more than one, you should designate how your benefit will be divided among them by determining the number of "parts" each beneficiary will receive. Parts should be listed in WHOLE numbers. For example:

- > If you name two beneficiaries to share equally, you would designate each to receive "1 part."
- Or, if you have three beneficiaries and specify that the first would receive 2 parts and the others 1 part each, then your first beneficiary would receive half of your benefit, and the other two would receive one fourth of your benefit.

> DO NOT USE FRACTIONS OR PERCENTAGES.

- For example, if you want to designate 1/3 each to 3 beneficiaries, then 1 part to each.
- If you want 1/8 each to 4 beneficiaries and ½ to 1 beneficiary then 1 part to each 1/8 beneficiary and 4 parts to the ½ beneficiary for total 8 parts.
- If you want 20% each to 3 beneficiaries and 40% to 1 beneficiary then 1 part to each 20% beneficiary and 2 parts to 40% beneficiary for total 5 parts.

If one of your beneficiaries predeceases you, then, *unless you specifically provide otherwise*, the benefit is divided among the surviving beneficiaries according to their designated parts. So, for example, if your designation is "beneficiary A, 1 part; beneficiary B, 1 part; beneficiary C, 2 parts," and beneficiary A dies before you do, then your benefit would be divided one-third to beneficiary B (1 out of 3 remaining parts), and two-thirds to beneficiary C (2 out of 3 remaining parts). If all of your designated beneficiaries die before you do, then your benefit will be paid to the executor or administrator of your estate.

NOTE: If the Default and the Special Beneficiary Designation boxes are both checked on the same Beneficiary Designation form or none of the boxes are checked, the Special Designation will apply, if completed.

Frequently Asked Question:

If my ex-spouse is a named beneficiary on my Special Designation form, will the designation automatically become invalid upon my divorce?

Answer:

No, your Special Designation will not automatically become invalid upon divorce if your ex-spouse is a named beneficiary. Only if you remarry will that Special Designation for the Qualified Savings and Pension Plans become invalid. The Special Designation will remain valid for all other benefits.

Note: The Special Designation will remain valid even if your ex-spouse waived his/her rights to your benefits in the divorce decree or state law revokes an ex-spouse as a beneficiary upon divorce. If you want a different beneficiary than your ex-spouse, you should complete a new beneficiary designation clearly indicating the intended beneficiary.

A. Beneficiary Designation Under the Pension Plan

In General

A beneficiary designation under the Pension Plan applies to the following benefits:

- Pension Death Benefit
- Deferred Annuity Death Benefit
- Period-Certain Portion of an annuity elected as the form of payment for the pension benefit.

Pension Death Benefit

If you are an employee with at least 15 years of benefit service or a retiree with a deferred pension benefit, the Qualified Preretirement Survivor Annuity (QPSA) requirement is met by the payment of the Pension Death Benefit. The Pension Death Benefit is equal to your entire accrued pension benefit, can be paid to anyone you designate (with proper spousal consent), and, at your beneficiary's election, is paid in a lump sum or annuity.

Because federal protections for surviving spouses apply to the EMPP, if you are married, you can name someone other than your spouse as primary beneficiary for the benefits <u>only</u> if your spouse consents in writing to the designation and the consent is notarized.

Further, with respect to the Pension Death Benefit, **if you are married and not yet 35 years of age when you designate a primary non-spouse beneficiary for the Pension Death Benefit, that designation will no longer be valid the beginning of the plan year in which you attain age 35**. Another beneficiary designation (with spousal consent, if applicable) must be submitted and accepted or the Default Designation will apply. Also, if you are not married when you sign a Special Designation for a non-spouse for the Pension Death Benefit, it is cancelled when you become married and unless you submit another designation (with spousal consent), the Default Designation would be applied.

You may also use this form if you want to change your beneficiary for the Deferred Annuity Death Benefit or the Period Certain Annuity. These benefits are described below:

Deferred Annuity Death Benefit

If you retired prior to January 1, 2000 with a benefit under the Pension Plan and die prior to the commencement of your pension benefit, your designated beneficiary will receive a deferred annuity death benefit, which is equal to 60 monthly payments of your pension benefit.

Period Certain Annuity

If you elect to receive your pension benefit as a period-certain annuity, e.g., 5-year certain and life annuity, and you die before the end of the period certain, e.g., 5 years, the remainder of the guaranteed portion of your annuity is payable to your designated beneficiary.

B. Beneficiary Designation Under the ExxonMobil Savings Plan (EMSP)

If you have a vested account balance in the EMSP at the time of your death, your surviving spouse is legally entitled to your account. Thus, as with the Pension Death Benefit, if you are married, you can name someone other than your spouse as primary beneficiary under the EMSP <u>only</u> if your spouse consents in writing and the consent is notarized. If you are not married when you sign your beneficiary designation, it is cancelled when you become married and the Default Designation would be applied unless a designation with spousal consent is submitted.

Only for participants of a SeaRiver Maritime, Inc. annuity program or former participants of the ExxonMobil Fuels Marketing Savings Plan, federal law provides additional protection to surviving spouses with regard to (i) any vested Retirement Account monies transferred to the Savings Plan from the Fuels Marketing Savings Plan, and (ii) 50% of any portion of the Savings Plan account offsettable against your benefit from a SeaRiver Maritime annuity program. With respect to these special benefits, a primary non-spouse beneficiary designation made prior to the age of 35 will no longer be valid the beginning of the plan year in which you reach age 35.

C. Important Information Regarding Spousal Consent

The following information is for your spouse in deciding whether to consent to a non-spouse beneficiary for the Pension Death Benefit or the EMSP account balance:

- Your right to the Pension Death Benefit and the EMSP account balance cannot be taken away without your agreement.
- Your consent is your own personal decision and is completely voluntary.
- You can agree to give up part or all of the Pension Death Benefit or the EMSP account balance. If you give up all of these benefits, you will receive nothing from the EMPP or EMSP in the event of your spouse's death. If you give up a portion of the benefit, you will receive only that portion that is not given up.
- The participant cannot change the Special Designation (other than to name you as the primary beneficiary) without your further consent. If, however, you have consented to the naming of a trust as primary beneficiary, the participant can subsequently revise the governing trust instrument to name a new trust beneficiary without your consent.
- You cannot revoke your consent.

IV. EXAMPLES FOR SPECIAL SITUATIONS

A. Describing a Person Designated

You must put in the legal name of the person designated and the parts that you want allocated to that person. If you don't complete at least those two items, your designation will not be accepted. In addition, certain information which will aid in locating the beneficiaries should be included such as:

- Beneficiary's relationship to you, e.g., Mary Jones, my mother
- Complete name and address
- ➤ Date of birth
- > Phone Number

Be sure and provide updated information so that your beneficiaries may be located easily.

B. Putting the Name First

In stating the person's relationship to you, this is merely to help us find the correct person, it is not a limitation. For example: If you designate Jack Jones, President of State University, then even if he is no longer President of State University your beneficiary remains Jack Jones.

If one wishes to designate a specific person regardless of relationship, to remove any such doubt, put the name immediately after the word "designate". For example:

I designate Alice Jones, my wife.

NOTE: Even if you are married to someone else at death, Alice Jones would remain the beneficiary unless the designation is for the Qualified Savings and Pension Plans which require spousal consent. If you want it to always go to whoever your wife is state "to my wife" and don't list a name.

In designating a number of beneficiaries bearing the same relationship, if it is more convenient to put the relationship immediately after the "designate" then put the number immediately before the relationship. For example:

I designate my three brothers, William Johnson, Albert Johnson and Henry Johnson.

C. Designating an Entity

To designate an entity, list the name of the entity and its complete address. For example:

I designate the Society for the Prevention of Cruelty to Animals, 234 South Street, Houston, Texas 77001

D. Designating a Guardian

A participant should not designate a legal guardian of a minor or incompetent person as beneficiary unless the guardian is already serving when the designation is received. It is preferable to designate the individual rather than a guardian because if the individual is of age or competent, he/she may be paid without delay.

If a guardian is designated the following guidelines should be used. For example:

I designate the legal guardian of Anne Smith, my daughter.

This designation will apply to whoever is guardian at the time of distribution.

The name and address of the guardian and a copy of the appointment should be forwarded to Benefits Administration for inclusion in the participant's record. Benefits Administration should be notified of any changes in the legal guardian.

Be careful to say nothing that would imply that a successor to the guardian would be excluded. By adding "*and any successor*" to the designation above, the designation allows a successor guardian.

E. Designating a Trustee

In designating a trustee as beneficiary, refer to the instrument establishing the trust. For example:

For an **inter vivos trust**, designate the trustee and the date of the trust agreement or agreement of trust. For example:

I designate the trustee of the John Doe Living Trust dated July 14, 20XX

For a **testamentary trus**t, designate the trustee of the testamentary trust, and describe the trust with enough specificity that the trust can be clearly identified, for example:

I designate the trustee of the trust established in section 4 of my last will and testament.

Or

I designate the trustee of the Smith Family Trust established under my last will and testament.

You *may* specify the date of your last will and testament that creates the testamentary trust named in your beneficiary designation, for example:

I designate the trustee of the trust established in section 4 of my last will and testament dated

NOTE: If you specify the date of your last will and testament that names a testamentary trust as the beneficiary, you must submit a new beneficiary designation form each time you create a new will. If your will specified in the beneficiary designation is not valid when you die or if it has been replaced with a new will and a new beneficiary designation was not submitted and approved, your benefits will be paid to the Executor of your estate.

To ensure that your benefits are distributed without undue delay, you should consider specifying a contingent beneficiary in the event a testamentary trust is not established within a reasonable period of time following your death. For example:

I designate the trustee of the trust established by item III of my last will and testament, provided that one or more trustees of that trust qualifies and becomes legally entitled to administer that trust within nine (9 months) after my death. But if the trust is not established within nine (9) months after my death, I designate Joseph Brown, my brother.

If the contingent beneficiary does not survive the participant or is not valid, benefits will be paid to the Executor of the participant's estate.

To provide for a successor trustee, the following wording is suggested:

I designate the trustee of the trust and any successor as such trustee. Joseph Brown is now the trustee.

F. Designating Surviving Members of a Group

To identify the members of a particular group who survive the decedent, follow these conventions:

a. When the individuals in the group are identified only as members of a class, say for example:

I designate to receive equal parts, those of my children who survive me

Or

I designate to receive equal parts, those of my children who survive me or who die before me leaving children of their own who survive me. In the case of each child who dies before me leaving children who survive me, subdivide his or her share equally among those children

b. When the individuals in the group are identified by name, say whether the group contains only two:

i. If only two members, say, for example:

I designate William Johnson, my son, and Mary Johnson, my daughter, to receive equal parts, if both of them survive me, but if one and only one of them survives me, I designate him or her to receive all.

ii. If more than two members, say, for example:

I designate to receive equal parts those of the following persons who survive me: Mary Johnson, my daughter William Johnson, my son Albert Johnson, my son

G. Designating a Contingent Beneficiary

A contingent beneficiary can be designated in case your primary beneficiary does not survive you. Every designation of an individual is contingent upon the individual surviving the participant. To state this contingency, use the phrase, "*If he (or she) survives me.*" The phrase "if living" is not acceptable as it does not make clear who must be living or exactly when he/she must be living. For example:

I designate Mary Jane Smith, my sister, if she survives me; otherwise, I designate John Brown, my friend.

In the case of multiple primary beneficiaries, if one or more of the primary beneficiaries do not survive the participant, the benefit will be divided equally among the remaining primary beneficiaries. If none of the primary beneficiaries survive the participant, the following wording may be added:

If none of the afore-designated beneficiaries survive me, I designate _____

H. Beneficiary surviving for specified interval of time

In addition, a contingent beneficiary can be designated based upon the primary beneficiary surviving for a specified interval of time after the participant's death. Specified period of time can be from 24 hours to a maximum of 30 days. For example:

I designate Laura Jones, my sister, if she survives me by 30 days; otherwise, I designate John Jones, my nephew.

Contingent designations for a specified period of time submitted for the Qualified Savings and Pension Plans require notarized spousal consent <u>unless</u> the designation is for a <u>common</u> <u>accident/disaster clause</u> worded as follows:

In the event that my spouse and I are injured in a common accident/disaster and my spouse dies of injuries sustained in the accident within 30 days, then my spouse is deemed to have predeceased me for purposes of this beneficiary designation.

I. Designating your Estate

A person's estate is the name given to that part of the person's property that remains when the person dies. If the person wishes to name their Estate as beneficiary, a Special Designation should be completed naming *"Executors or Administrators."* A designation to "my estate" will not be accepted by the employer, since, in some states, an estate does not have legal capacity to accept the distribution.

V. FINAL REMINDERS!

- ✓ Did you complete only one designation -- Default or Special?
- Did you use whole numbers for parts and not percentages or fractions on the Special Designation?
- ✓ Did you timely sign and date the designation?
- ✓ Did you verify there are no erasures, scratch-outs or modifications to the form?
- ✓ If required, did you obtain notarized spousal consent in Section 6 of the Qualified Pension and Savings Plans Beneficiary Designation?

If you are a participant of a plan that is not listed in the forms or if you have any questions, please contact the Benefits Administration:

Phone: (800)-262-2363 (select option 1, then option 4) *Email:* hr.retirement.services@exxonmobil.com

LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AND DISABILITY PLAN BENEFICIARY DESIGNATION

[2] CHECK EITHER ONE BOX FOR ALL PLANS or EACH BOX FOR SPECIFIC PLAN(S):



paid to the first of

[1] PRINT PARTICIPANT FULL NAME

SOCIAL SECURITY NUMBER

- I select ALL OF THE PLANS listed below in which I presently participate or may participate in the futu	ure
OR wing SPECIFIC PLAN(S) for which this designation will apply:	
PAID LIFE INSURANCE/DEATH BENEFIT – BASIC LIFE INSURANCE FAMILY ADJUSTMENT PL IT-PAID LIFE INSURANCE – GROUP UNIVERSAL LIFE – CONTRIBUTORY GROUP LIFE DENTAL DEATH AND DISMEMBERMENT INSURANCE (ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN nation will continue to apply to a successor of a plan listed above.	_AN
YONE BOX – I elect the following type of beneficiary designation for the Plan(s) selected above	:
 DESIGNATION – I hereby elect the Default Designation payment schedule as defined below. If this op skip to Section [5]: bu are married at the time the benefit is payable, proceeds will be paid to your spouse. bu are widowed, divorced, or single at the time the benefit is payable, the proceeds will be paid to the fi following who survive you: Divided equally among your children who either survive you or who die before you leaving children 	irst o
	OR wing SPECIFIC PLAN(S) for which this designation will apply: AID LIFE INSURANCE/DEATH BENEFIT – BASIC LIFE INSURANCE FAMILY ADJUSTMENT PL T-PAID LIFE INSURANCE – GROUP UNIVERSAL LIFE – CONTRIBUTORY GROUP LIFE DENTAL DEATH AND DISMEMBERMENT INSURANCE ' ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN mation will continue to apply to a successor of a plan listed above. ' ONE BOX – I elect the following type of beneficiary designation for the Plan(s) selected above DESIGNATION – I hereby elect the Default Designation payment schedule as defined below. If this op skip to Section [5]: u are married at the time the benefit is payable, proceeds will be paid to your spouse. u are widowed, divorced, or single at the time the benefit is payable, the proceeds will be paid to the fi following who survive you:

- aving children of their own who survive you. In the case of each child who dies before you leaving children who survive you, subdivide his or her share equally among those children.
- Divided equally between your surviving parents.
- Divided equally between your brothers and sisters who either survive you or die before you leaving children of their own who survive you. In the case of each brother or sister who dies before you leaving children who survive you, subdivide his or her share equally among those children.
- Pay all to your executors or administrators.
- □ SPECIAL DESIGNATION I hereby elect the designation(s) set forth in Section [4] and/or [6].

For more detailed information and examples, see the Beneficiary Guidelines.

[4] SPECIAL DESIGNATION: Note: If you need extra space, complete Section [6]

Primary Beneficiaries Address (Street, City, State, Zip) Name Relationship Parts Date of Birth Contingent Beneficiaries (in the event no primary beneficiary survives you) Name Relationship Parts Address (Street, City, State, Zip) Date of Birth

[5] PARTICIPANT AUTHORIZATION:

This designation when reviewed and accepted by Benefits Administration revokes any previous beneficiary designation for the selected Plans. If none of the named beneficiaries survive me, I designate my Executors or Administrators as beneficiary.

Participant Signature:

LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AND DISABILITY PLAN BENEFICIARY DESIGNATION



[6] ONLY USE IN CASE YOU NEED MORE ROOM OR THE CHART IN SECTION [4] DOES NOT REFLECT YOUR INTENTION:

Note: If you designate a Trust, include name of the trust and date of trust agreement or reference to your will. Clearly designate whether primary or contingent beneficiary. If you designate your estate, write, "The Executors or Administrators of My Estate."

SPECIAL DESIGNATION (Continued):

Primary Beneficia	aries
-------------------	-------

Relationship	Parts	Address (Street, City, State, Zip)	Date of Birth
	Relationship	Relationship Parts	Relationship Parts Address (Street, City, State, Zip)

Contingent Beneficiaries (in the event no primary beneficiary survives you)				
Name	Relationship	Parts	Address (Street, City, State, Zip)	Date of Birth

Specifically I designate:

PRINT	PARTICIE	PANT FUL	L NAME

SOCIAL SECURITY NUMBER

_ ____ _ ___ _ ___ _ ___ _ ___ _

Participant Signature: _____

QUALIFIED PENSION AND SAVINGS PLANS BENEFICIARY DESIGNATION EXONMODI						
[1] PRINT PARTICIPANT	FULL NAME		SO	CIAL SECURITY NUMBER		
CHECK MARITAL STATUS: Single Married Widowed Divorced						
			ESIGNATION WILL APPLY:			
Pension Plan	Savings Pla	an Not	e: May require Spousal Consent, see Sectio	n [6]		
[3] CHECK ONLY ONE B	OX – I elect the follo	owing type	e of beneficiary designation for the F	lan(s) selected above:		
 DEFAULT DESIGNATION – I hereby elect the Default Designation payment schedule as defined below. <i>If this option is selected, skip to Section [5]:</i> If you are married at the time the benefit is payable, proceeds will be paid to your spouse. If you are widowed, divorced, or single at the time the benefit is payable, the proceeds will be paid to the first of the following who survive you: Divided equally among your children who either survive you or who die before you leaving children of their own who survive you. In the case of each child who dies before you leaving children who survive you, subdivide his or her share equally among those children.						
[4] SPECIAL DESIGNATIOn Primary Beneficiaries	ON: Note: If you need	extra space,	, complete Section [6]			
Name	Relationship	Parts	Address (Street, City, State, Z	ip) Date of Birth		
	_					
		I				
Contingent Beneficiaries (in the event no primary beneficiary survives you) Name Relationship Parts Address (Street, City, State, Zip) Date of Birth						
Marito		1 0113	Address (officer, only, orace, 2			
[5] PARTICIPANT AUTHORIZATION: This designation when reviewed and accepted by Benefits Administration revokes any previous beneficiary designation for the selected Plans. If none of the named beneficiaries survive me, I designate my Executors or Administrators as beneficiary. I understand that: 1) if I am not married now, this Special Designation will become invalid for the Savings and Pension Plans when I become married; and, 2) if I am married now, am less than 35 years of age, and have not named my spouse as primary beneficiary, this Special Designation will become invalid the beginning of the plan year in which I attain age 35 for (a) the Pension Plan, (b) any vested Retirement Account monies transferred to the Savings Plan from the Fuels Marketing Savings Plan, and (c) 50% of any portion of my Savings Plan account offsettable against my benefit from a SeaRiver Maritime annuity program. Participant Signature:						
otherwise received under the Plan(s), and that the Pension and/or remaining Savings Plan account balance will be paid to the beneficiary or beneficiaries designated above. I understand that I do not have to sign this spousal consent, and that I am doing so voluntarily.						

Spouse:	Notary Required with Spousal Consent/Signature		
Signature	This instrument was acknowledged before me on this day of to y		
Spouse Printed Name	Spouse Printed Name Notary Signature and Seal/Stamp		
	My Commission Expires On		

QUALIFIED PENSION AND SAVINGS PLANS BENEFICIARY DESIGNATION EXONMObil

[7] ONLY USE IN CASE YOU NEED MORE ROOM OR THE CHART IN SECTION [4] DOES NOT REFLECT YOUR INTENTION:

Note: If you designate a Trust, include name of the trust and date of trust agreement or reference to your will. Clearly designate whether primary or contingent beneficiary. If you designate your estate, write, "The Executors or Administrators of My Estate."

Primary Beneficiaries Relationship Parts Address (Street, City, State, Zip) Date of Birth Contingent Beneficiaries (in the event no primary beneficiary survives you)	SPECIAL DESIGNATION	(Continued):			
Contingent Beneficiaries (in the event no primary beneficiary survives you) Name Relationship Parts Address (Street, City, State, Zip) Date of Birth Specifically I designate:	Primary Beneficiaries				
Name Relationship Parts Address (Street, City, State, Zip) Date of Birth Specifically I designate:	Name	Relationship	Parts	Address (Street, City, State, Zip)	Date of Birth
Name Relationship Parts Address (Street, City, State, Zip) Date of Birth indicators indicators indicators indicators indicators pecifically I designate: indicators indicators indicators indicators pecifically I designate: indicators indicators indicators indicators indicators indicators indicators indicators indicators inditindindicators <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
Name Relationship Parts Address (Street, City, State, Zip) Date of Birth indicators indicators indicators indicators indicators pecifically I designate: indicators indicators indicators indicators pecifically I designate: indicators indicators indicators indicators indicators indicators indicators indicators indicators inditindinter ind					
Name Relationship Parts Address (Street, City, State, Zip) Date of Birth inpecifically I designate:	Contingent Penoficiaria	• /in the quest we winned			
Specifically I designate: Specifically designate: </td <td></td> <td></td> <td></td> <td></td> <td>Date of Birth</td>					Date of Birth
Spouse:			. and		
Spouse:					
Spouse:					
Spouse:					
Signature This instrument was acknowledged before me on this day of	specifically I designate:				
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					_
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Signature This instrument was acknowledged before me on this day of					
Spouse Printed Name	Spouse:		<u>1</u> 1	Notary Required with Spousal Consent/Signa	<u>ture</u>
PRINT PARTICIPANT FULL NAME Notary Signature and Seal/Stamp My Commission Expires On SOCIAL SECURITY NUMBER	Sign	lature			
PRINT PARTICIPANT FULL NAME Notary Signature and Seal/Stamp My Commission Expires On SOCIAL SECURITY NUMBER				, 20 by	ad Nama
PRINT PARTICIPANT FULL NAME SOCIAL SECURITY NUMBER	Spouse P	Printed Name		Notary Signature and Seal/Stamp	su name
PRINT PARTICIPANT FULL NAME SOCIAL SECURITY NUMBER					
			<u>!</u>	My Commission Expires On	
	PRINT PARTICIPANT FUI	LL NAME		SOCIAL SECUR	ITY NUMBER
				_	_
Participant Signature: Date:					
	Participant Signature:			Date:	

IMPORTANT GUIDELINES FOR COMPLETING BENEFICIARY DESIGNATIONS

There are two beneficiary designation options: **Standard Beneficiary Designation** or **Special Beneficiary Designation**. Complete <u>only one</u> of them based on your needs.

I. STANDARD BENEFICIARY DESIGNATION

The benefit will be paid first to your spouse. If you are widowed, divorced, or single at the time the benefit is payable, the proceeds will go to the eligible survivors or beneficiaries as specified in number 2b of the form. If there are no eligible or surviving beneficiaries under number 2b, proceeds will go to the survivors as specified in number 2c, and so on. **DO NOT CIRCLE THE LETTERS.** If you wish a designation other than this specific sequence, complete a Special Beneficiary Designation. **NOTE: Stepchildren are <u>not</u> included in a Standard Designation.**

II. SPECIAL BENEFICIARY DESIGNATION

This designation is used to arrange for a contingency or other designation not provided for in the Standard Designation. There are numerous guidelines to ensure that the wording in a Special Designation is legally acceptable. Please contact the Benefits Administration office at 1-800-262-2363 or 713-680-5858 (select option 4) to review the wording prior to completing the beneficiary designation form.

On the Special Beneficiary Designation, you may name one or more beneficiaries. If you name more than one, you should designate how your benefit will be divided among them by determining the number of "parts" each beneficiary will receive. For example, if you name two beneficiaries to share equally, you would designate each to receive "1 part." Or, if you have three beneficiaries and specify that the first would receive 2 parts and the others 1 part each, then your first beneficiary would receive half of your benefit, and the other two would receive one fourth of your benefit. Parts should be listed in WHOLE numbers. **DO NOT USE FRACTIONS OR PERCENTAGES**.

If one of your beneficiaries predeceases you, then, unless you specifically provide otherwise, the benefit is divided among the surviving beneficiaries according to their designated parts. So, for example, if your designation is "beneficiary A, 1 part; beneficiary B, 1 part; beneficiary C, 2 parts," and beneficiary A dies before you do, then your benefit would be divided one-third to beneficiary B (1 out of 3 remaining parts), and two-thirds to beneficiary C (2 out of 3 remaining parts). If all of your designated beneficiaries die before you do, then your benefit will be paid to the executor or administrator of your estate.

A. Beneficiary Designation Under the ExxonMobil Pension Plan (EMPP)

In General

A beneficiary designation under the EMPP applies to the following benefits:

- the Pension Death Benefit (described below)
- the deferred annuity death benefit (payable to the survivor of a participant who retired prior to January 1, 2000 and dies prior to commencement of the EMPP benefit)
- the period-certain portion of an annuity elected as the form of payment for the EMPP benefit.

If you are married when you sign a special beneficiary designation for the Pension Death Benefit, special rules relating to spousal consent may be applicable. (Note: Spousal-consent rules do not apply if you are naming a beneficiary only for the deferred annuity death benefit or the period certain annuity.)

Legally Mandated Survivor Benefit

If you are married, federal law gives your spouse the right to receive special death benefits from the EMPP if you die before your spouse and before benefit payments begin. This spousal benefit, called a qualified pre-retirement survivor annuity, or QPSA, is a monthly annuity equal to approximately 50% of your EMPP benefit. Under the EMPP, if you are an employee with less than 15 years of benefit service or if you are a terminee with a deferred benefit, the QPSA requirement is met by the payment of the Surviving Spouse Annuity, or SSA. The SSA benefit is payable only to your surviving spouse and only in the form of a monthly annuity; you cannot name another beneficiary for the SSA or elect payment of the SSA in another form.

Pension Death Benefit

If you are an employee with at least 15 years of benefit service or a retiree with a deferred EMPP benefit, the QPSA requirement is met by the payment of the Pension Death Benefit. Unlike the SSA, the Pension Death Benefit is equal to your entire accrued EMPP benefit, can be paid to anyone you designate (with proper spousal consent), and, at your beneficiary's election, is paid in a lump sum or annuity.

Because federal protections for surviving spouses apply to the Pension Death Benefit, if you are married, you can name someone other than the spouse as primary beneficiary for the Pension Death Benefit only if your spouse consents in writing to the designation and the consent is notarized. Further, **if you are not yet 35 years of age when you designate a primary non-spouse beneficiary for the Pension Death Benefit, that designation will no longer be valid when you attain age 35**. Another beneficiary designation (with spousal consent) is required once you reach age 35. Also, if you are not married when you sign your beneficiary designation for the Pension Death Benefit, it is cancelled when you become married.

B. Beneficiary Designation Under the ExxonMobil Savings Plan (EMSP)

If you have a vested account balance in the EMSP at the time of your death, your surviving spouse is legally entitled to your account. Thus, as with the Pension Death Benefit, if you are married, you can name someone other than your spouse as primary beneficiary under the EMSP only if your spouse consents in writing and the consent is notarized. If you are not married when you sign your beneficiary designation, it is cancelled when you become married.

Only for participants of a SeaRiver Maritime, Inc. annuity program or former participants of the ExxonMobil Fuels Marketing Savings Plan, federal law provides additional protection to surviving spouses with regard to (i) any vested Retirement Account monies transferred to the Savings Plan from the Fuels Marketing Savings Plan, plus earnings and (ii) 50% of any portion of the Savings Plan account offsettable against your benefit from a SeaRiver Maritime annuity program. With respect to these special benefits, a primary non-spouse beneficiary designation made prior to the age of 35 will no longer be valid when you reach age 35.

C. Important Information Regarding Spousal Consent

The following information is for your spouse in deciding whether to consent to a non-spouse beneficiary for the Pension Death Benefit or under the EMSP:

- Your right to the Pension Death Benefit and the EMSP account balance cannot be taken away without your agreement.
- Your consent is your own personal decision and is completely voluntary.
- You can agree to give up part or all of the Pension Death Benefit or the EMSP account balance. If you give up all of these benefits, you will receive nothing from the EMPP or EMSP in the event of your spouse's death. If you give up a portion of the benefit, you will receive only that portion that is not given up.
- The participant cannot change the special beneficiary designation (other than to name you as the primary beneficiary) without your further consent.
- You cannot revoke your consent.

III. GENERAL INSTRUCTIONS

- Sign your name at the Participant Signature line and date the form. Do <u>not</u> sign beneath any other option or you will have to complete the form again.
- A witness (other than a potential beneficiary or relative) must sign and date in the applicable space.
- If you are married and do not designate the entire payment to your spouse, notarized spousal consent is required in Section 4 of the Special Beneficiary Designation for the Savings and/or the Pension Plans.
- The designation on the Special Beneficiary Designation may be continued on additional pages. If it is, you and a witness must sign and date each additional page. If spousal consent is required, each page must be signed by your spouse and notarized.
- A beneficiary designation may not alter the timing of a payment of benefits or any other terms of a benefit plan.

IV. EXAMPLES FOR SPECIAL SITUATIONS

A. Describing a Person Designated:

Identify the individual by Relationship - For example: Mary Jones, my mother. Identify the individual by listing residence and date of birth.

The complete name and address should be included which will aid in locating the beneficiaries.

B. Putting the Name First:

If one wishes to designate a specific person regardless of relationship, to remove any such doubt, put the name immediately after the word "designate". For example:

I designate Alice Jones, my wife.

In designating a number of beneficiaries bearing the same relationship, if it is more convenient to put the relationship immediately after the "designate" then put the number immediately before the relationship. For example:

I designate my three brothers, William Johnson, Albert Johnson and Henry Johnson.

C. Designating an Entity

To designate an entity, list the name of the entity and its complete address. For example:

I designate the Society for the Prevention of Cruelty to Animals, 234 South Street, Houston, Texas 77001

D. Designating a Guardian:

A participant should not designate a legal guardian of a minor or incompetent person as beneficiary unless the guardian is already serving when the designation is received. It is preferable to designate the individual rather than a guardian because if the individual is of age or competent, he/she may be paid without delay.

If a guardian is designated the following guidelines should be used. For example:

I designate the legal guardian of Anne Smith, my daughter.

This designation will apply to whoever is guardian at the time of distribution.

The name and address of the guardian and a copy of the appointment should be forwarded to Benefits Administration for inclusion in the participant's record. Benefits Administration should be notified of any changes in the legal guardian.

Be careful to say nothing that would imply that a successor to the guardian would be excluded. By adding " *and any successor*" to the designation above, the designation allows a successor guardian.

E. <u>Designating a Trustee:</u>

In designating a trustee as beneficiary, refer to the instrument establishing the trust.

For an **inter vivos trust**, designate the trustee and the date of the trust agreement or agreement of trust. For example:

I designate the trustee serving under the trust agreement (or declaration of trust) between ______ (*the grantor, e.g. the employee or whoever has established the trust) and* ______ (*the trustee*), *executed on* ______ (*date*).

For a **testamentary trust**, state the name of the trustee, the date of the particular will which creates the trust and one of the following triggering events, which will permit distribution of the benefits without undue delay. 1) Either the probate of the will or 2) the trustee's assumption of office. For example:

I designate the trustee of the trust established by item III of my last will and testament executed on ______(*date*), provided that the will is presented for probate within ______days and ultimately probated. (A reasonable amount of time should be used not to exceed ninety (90) days.

within ______(a reasonable amount of time not to exceed nine (9) months) after I die, and one or more trustees of that trust qualifies and becomes legally entitled to administer that trust.

If the triggering event does not occur, the benefits would become part of the participant's estate. To avoid this, a contingent beneficiary may be named. For example:

But if the will is not admitted to probate (or the trustee fails to qualify) within this time, I designate Joseph Brown, my brother.

To provide for a successor trustee, the following wording is suggested:

I designate the trustee of the trust and any successor as such trustee. Joseph Brown is now the trustee.

F. Designating Surviving Members of a Group

To identify the members of a particular group who survive the decedent, follow these conventions:

1. When the individuals in the group are identified only as members of a class, say for example:

I designate to receive equal parts, those of my children who survive me

2. When the individuals in the group are identified by name, say whether the group contains only two:(a) If only two members, say, for example:

I designate William Johnson, my son, and Mary Johnson, my daughter, to receive equal parts, if both of them survive me, but if one and only one of them survives me, I designate him or her to receive all.

(b) If more than two members, say, for example:

I designate to receive equal parts those of the following persons who survive me: Mary Johnson, my daughter William Johnson, my son Albert Johnson, my son

G. Designating a Contingent Beneficiary

Every designation of an individual should be contingent upon the individual surviving the employee. To state this contingency, use "*If he (or she) survives me*." The phrase "if living" is not acceptable as it does not make clear who must be living or exactly when he/she must be living.

To exclude the case in which the employee and beneficiary die as a result of a common accident, the employer will accept a designation contingent on the beneficiary living for a certain designated interval after the participant's death. For example:

I designate Laura Jones if she survives me by 30 days; otherwise, I designate ____

Any interval from 24 hours up to 30 days is acceptable.

In the case of an extended series of beneficiaries, use the following wording:

If none of the afore-designated beneficiaries survive me, I designate _____

H. Designating your Estate

A person's estate is the name given to that part of the person's property that remains when the person dies. If the person wishes to name their Estate as beneficiary, a Special Designation should be completed naming *"Executors or Administrators."* A designation to "my estate" will not be accepted by the employer, since, in some states, an estate does not have legal capacity to accept the distribution.

V. FINAL REMINDERS!

- ✓ Did you complete only one designation -- Standard or Special?
- ✓ Did you use whole numbers and not percentages or fractions, if applicable, on the Special Designation?
- ✓ Did you sign and date the designation and have it witnessed?
- ✓ Did you verify there are no erasures, scratchouts or modifications to the form?
- ✓ If required, did you obtain notarized spousal consent in Section 4 of the Special Designation?

If you have any questions, did you contact Benefits Administration?

Standard Beneficiary Designation - ExxonMobil Benefit Plans This form allows you to elect the Plan's standard list of beneficiaries

d to:	Benefits	Administration,	Ρ. (O. Box	x 2283,	, Houston,	Texas	77252-2283	
-------	-----------------	-----------------	------	--------	---------	------------	-------	------------	--

end to: Benefits Administrat [1] Please print		SSN:	
Participant Full Name:		Personnel Nu	mber:
2] Read the following to underst	tand how benefits are paid under	the Standard Benef	iciary Designation:
vho survive me: a. Paying all to my spouse.			nefit is paid to the first of the following
	before me leaving children who survi		Idren of their own who survive me. Ir r her share equally among those
d. Dividing equally among my broth	ners and sisters who either survive m or sister who dies before me leaving		ving children of their own who survive ne, subdivide his or her share equally
ood relative or whose relationship w	designation, your child, parent, brothe vith you is established by virtue of leg , step-parents, and step-siblings are	gal adoption. One's bro	ly someone who is your legitimate other or sister means another child of
3] Check ALL PLANS or SPECI	IFIC PLAN(S) for which you want	this Standard Benet	ficiary Designation to apply:
I select <u>ALL PLANS</u> in whi	ich I presently participate or may p	participate in the futur	re.
Benefit, Group Universal Life In	nMobil Benefit Plans: Savings Plan, I Isurance, Basic Accidental Death & I nsurance or Death Benefit, and Cont	Dismemberment, Volun	
<u>OR</u>			
l select <u>SPECIFIC PLAN(S)</u> as a	applicable:		
Company-Paid Life Insurance	-	Pension Plan	
Basic Life or Family Participant Paid Life Insuran		Savings Plan Disability Plan	
	fe or Contributory Group Life	Aviation Accident	Insurance (employees only)
	Dismemberment (employees only) and Dismemberment (employees on	ly)	
before 2000 and certain other pa	ce for most participants is Basic Life articipants who worked for Exxon bef		nefit. Those who retired from Exxon covered under Family Adjustment
Coverage. ** Most participants are covered un by Contributory Group Life Insur-		Those who retired fro	m Exxon before 2000 may be covere
4] Sign here and have a person wh Designation:	o is not your beneficiary witness you	r signature to accept th	ne Standard Beneficiary
I hereby cancel any desigr	ded beneficiary(ies) listed above. nation I may have made earlier with r neel this designation but only to the e		
Participant:	Witness:	Signature	Date:
Signature		Signature	
t your Name and Address below	V:		
	(Name)		
	(Address)		
	Accented for	Employer by:	Date:

Special Beneficiary Designation – ExxonMobil Benefit Plans Send to: Benefits Administration, P. O. Box 2283, Houston TX 77252-2283

[1] <u>Please print</u>	SSN:
Participant Full Name:	Personnel Number:
[2] Check ALL PLANS or SPECIFIC PLAN(S) for which you want	
	vension Plan, Disability Plan, Basic Life Insurance or Death Benefit, Group , Voluntary Accidental Death & Dismemberment, Aviation Accident Insurance,
I select SPECIFIC PLAN(S) as applicable: Company-Paid Life Insurance/Death Benefit * Basic Life or Family Adjustment Participant-Paid Life Insurance ** Group Universal Life or Contributory Group Life Basic Accidental Death and Dismemberment (employees only)	 Voluntary Accidental Death and Dismemberment (employees only) Pension Plan Savings Plan Disability Plan Aviation Accident Insurance (employees only)
* The Company-Paid Life Insurance for most participants is Basic Life I	nsurance or Death Benefit. Those who retired from Exxon before 2000 and
certain other participants who worked for Exxon before the merger m ** Most participants are covered under Group Universal Life Insurance. Group Life Insurance.	ay be covered under Family Adjustment Coverage. Those who retired from Exxon before 2000 may be covered by Contributory
for Savings Plan and the pension death benefit under the Pension P	use is not your primary beneficiary, Spousal Consent is required below (only lan). If you designate a trust, include the name and date of the trust dministrators of My Estate." If you designate parts, use whole numbers.
 may have made earlier with respect to the plan(s) checked above. I permitted by the plan(s). I understand that: If I am not married now, this Special Designation will become and If I am married now, am less than 35 years of age, and have will become invalid when I attain age 35 for (a) the Pension 	ne invalid for the Savings and Pension Plans when I become married; e not named my spouse as primary beneficiary, this Special Designation Plan, (b) any vested Retirement Account monies transferred to the earnings, and (c) 50% of any portion of my Savings Plan account
Dertisinenti	Deter
Participant: Witness: Signature	Date: Signature
 [4] <u>Obtain Notarized Spousal Consent</u> (Required for the Savings and/or lexclusive <u>primary</u> beneficiary). I am the spouse of the participant executing this beneficiary designates 	Pension Plan (pension death benefit) if participant does not name spouse as tion, and as such I have the right to any Pension Death Benefit payable under
give up my right to the legally protected Pension Death Benefit and t I understand that by signing below, I may receive less money than I Benefit and remaining Savings Plan account balance will be paid to	would have otherwise received under the plans, and that the Pension Death the beneficiary or beneficiaries designated above.
I understand that I do not have to sign this spousal consent, and that	i i am uonig so voluntarily.
This instrument was acknowledged before me on this	Spouse's Signature
day of, 20 by	
(Spouse's Printed Name)	
Notary Signature and Seal/Stamp	
My Commission Expires On	