

Beneficiary Designation Instructions

A beneficiary is a person, institution, charitable organization, or irrevocable or revocable trust named by you, the participant, to receive payment of benefits provided under the Plan in the event of your death. You may designate more than one beneficiary who will share in the benefit. You may designate one or more contingent beneficiaries. A contingent beneficiary would receive payment only if the primary beneficiary or beneficiaries you named were not able to receive payment at the time that payment was to be made.

All information must be typed or printed neatly, using uppercase letters and black ink. If it is necessary to make corrections to the beneficiary section, you must place your initials next to the corrected or crossed-out words. Do not use correction fluid; otherwise the form will be returned to you. If you have any questions about making a beneficiary designation, call the CITGO Benefits Helpline toll free at 1-888-443-5707. You can obtain additional Designation of Beneficiary forms by logging on to Fidelity NetBenefits® at www.401k.com, by calling Fidelity Investments at 1-800-256-401k, or from the CITGO Benefits Helpline.

Please tear off the form, make a copy of it for your files, and return the original in the enclosed envelope to:

CITGO Petroleum Corporation
Benefits Planning & Administration
P.O. Box 4689
Houston, TX 77210-4689

Section A. Participant Information

Complete all applicable information. *You must check either single or married.* If you are married, federal law generally requires that all benefits from the retirement plans be paid to your spouse, unless your spouse consents in writing to another beneficiary and a Notary Public witnesses this consent. (See F below)

Sections B and C.

Primary and Contingent Beneficiary(ies) Information

Complete all applicable information for the named beneficiary(ies). In addition to this designation, the determination of your beneficiary will be made in accordance with plan documents. Please see your Summary Plan Description for more information.

1. If these sections are not filled out completely, the form will be returned to you.
2. The beneficiary designation should not include wording such as "either/or" or "and/or." You cannot designate unborn children as beneficiaries. You can designate charitable organizations.
3. Use only whole-number percentages equaling 100%. For example, designations such as 33⅓ or 33.3 are not acceptable.

4. **Naming an estate:** If you designate your estate as the beneficiary you must indicate on the beneficiary form "PAY TO THE ESTATE OF...". You must also generally provide a copy of your will pages that include the title page, the page(s) with the name(s) of the Executor(s), and page(s) that include the signatures and notary signature.
5. **Naming a trust:** If you designate a trust as your beneficiary, you must indicate the name of the trust on the beneficiary form. A copy of the trust agreement pages which include the title page, the page(s) with name(s) of the Trustee(s), and the page(s) that include signatures and notary signature must be provided to the Benefits Department at the time of your designation.
6. **Naming a minor:** If you designate a minor as your beneficiary, you must generally provide information about the appointed guardian who will act on the minor's behalf from the date of your death until the minor attains legal age.

If you would like to name more than three primary and three contingent beneficiaries, contact the CITGO Benefits Helpline at 1-888-443-5707 for the appropriate form.

Section D. Plans

Unless you check Box 1 indicating that the beneficiaries designated on this form apply to all plans listed, you will need to complete separate beneficiary designation forms for the other listed plans. For each separate designation form, check the boxes (under Box 2) for the plans to which that beneficiary designation form applies. You can obtain additional Designation of Beneficiary forms by logging on to Fidelity NetBenefits® at www.401k.com, by calling Fidelity Investments at 1-800-256-401k, or from the CITGO Benefits Helpline.

Section E. Signature and Date

By signing and dating this section, you officially designate the person(s) listed on the form as your primary beneficiary(ies) and, if applicable, your contingent beneficiary(ies) for the plans designated in Section D. Your beneficiary designation(s) will not be valid unless this form is on file with the CITGO Benefits Department.

Section F. Spousal Consent

If you name someone other than, or in addition to, your spouse as your primary beneficiary(ies), your spouse must sign and date the form and have his/her signature witnessed by a Notary Public. A bank, law office, or local government office usually has a Notary Public on staff.

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Designation of beneficiary form

A. Participant Information

Note: The instructions for this form are an integral part of the form. You should use them to assist you. Also, if it is necessary to make corrections to any part of this form, *please do not use correction fluid*; you must place your initials next to the corrected or crossed-out words.

Participant Name (First, MI, Last): _____ Social Security #: - -

Participant's Date of Birth: - - Marital Status: (select one) Single Married

Phone (day): - -

B. Primary Beneficiary(ies)

I understand that if I am married, my spouse shall automatically be my designated beneficiary unless I elect otherwise and my spouse consents to such election as well as to the designation of the other beneficiary(ies). I hereby designate the following person or persons as primary beneficiary(ies) of my account under the Plan(s) payable by reason of my death. If any primary beneficiary does not survive me, the share of that beneficiary shall be divided equally between the remaining primary beneficiaries. If no primary beneficiary survives me, then my account shall go to my contingent beneficiary(ies). (If additional space is needed for beneficiary information, contact the CITGO Benefits Helpline for the appropriate form.)

- Beneficiary's Name: (First, MI, Last) _____ Share %:
 Date of Birth: - - Sex (M/F): _____ Social Security Number/Tax ID: - -
 Relationship to Participant: Spouse Trust Other: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
- Beneficiary's Name: (First, MI, Last) _____ Share %:
 Date of Birth: - - Sex (M/F): _____ Social Security Number/Tax ID: - -
 Relationship to Participant: Spouse Trust Other: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
- Beneficiary's Name: (First, MI, Last) _____ Share %:
 Date of Birth: - - Sex (M/F): _____ Social Security Number/Tax ID: - -
 Relationship to Participant: Spouse Trust Other: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

C. Contingent Beneficiary(ies)

In the event that no primary beneficiary survives me, I hereby designate the following person or persons as contingent beneficiary(ies) of my account. If any contingent beneficiary does not survive me, then the share of that beneficiary shall be divided between the remaining contingent beneficiaries equally.

- Contingent Beneficiary's Name: (First, MI, Last) _____ Share %:
 Date of Birth: - - Sex (M/F): _____ Social Security Number/Tax ID: - -
 Relationship to Participant: Spouse Trust Other: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
- Contingent Beneficiary's Name: (First, MI, Last) _____ Share %:
 Date of Birth: - - Sex (M/F): _____ Social Security Number/Tax ID: - -
 Relationship to Participant: Spouse Trust Other: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
- Contingent Beneficiary's Name: (First, MI, Last) _____ Share %:
 Date of Birth: - - Sex (M/F): _____ Social Security Number/Tax ID: - -
 Relationship to Participant: Spouse Trust Other: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

D. Plans

The beneficiary designation(s) made on this form apply to the plans indicated below in which you are enrolled or for which benefits are payable by reason of your death. To name more than three primary or three contingent beneficiaries, contact the Benefits Helpline for the appropriate form. You will need to complete separate beneficiary designation forms if you check box 2 and want to designate different beneficiaries for different plans.

1. I elect that the beneficiary designations shown on this form apply to **any and all plans listed below** for which I may designate a beneficiary.
2. I elect that the beneficiary designations shown on this form **apply ONLY to the plans I have checked off below.**
 - RASP Plan #87084
 - CITGO Thrift Plan #35620
 - CRC Thrift Plan #35621
 - UNO-VEN Savings Plan #35648

E. Signature and Date

(Your signature must be witnessed. Your witness may be your spouse or any other person.)

I reserve the right to revoke or change any beneficiary designation in the future. I hereby revoke all my previous designations (if any) of primary and contingent beneficiaries. **(Note: If you are married, see the next section for applicable spousal consent requirements.)**

Participant's Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

Note: If your spouse is not your sole designated primary beneficiary, this Designation of Beneficiary is invalid without the consent of your spouse.

F. Spousal Consent

(Spouse's signature must be witnessed by a Notary Public)

If you are married and your spouse is not designated as your sole primary beneficiary, your beneficiary designation is invalid without the consent of your spouse. Your spouse's consent must be witnessed by a Notary Public.

Consent:

"I hereby consent to the designation of the beneficiary(ies) listed above. I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or a portion of it, to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

I understand that I must sign a new consent to any new designation (if I am not the sole primary beneficiary) for it to be effective."

Spouse's Signature: _____ Date: _____

(Must be witnessed by a Notary Public)

STATE OF _____ (ss.) COUNTY OF _____

On this date, _____ before me appeared _____ Print Name: (last, first, MI) who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public Signature: _____ Stamp: _____

Please mail the designation of beneficiary form to:

US Postal Mail

CITGO Petroleum Corporation
Attn: Benefits Planning & Administration
P.O. Box 4689
Houston, TX 77210-4689

Interoffice Mail

Benefits Department