

CITGO Petroleum Corporation BENEFICIARY DESIGNATION ATTACHMENT TRUSTS, WILLS, & ESTATES

ATTACHMENT TO:

- LIFE INSURANCE DESIGNATION FORM
 401(k) SAVINGS DESIGNATION FORM
(Please check applicable forms.)

Please contact the following people in the event of my death:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>	<u>RELATIONSHIP</u>	<u>%</u>
<u>ADDRESS</u>			<u>CITY / STATE / ZIP</u>	

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>	<u>RELATIONSHIP</u>	<u>%</u>
<u>ADDRESS</u>			<u>CITY / STATE / ZIP</u>	

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>	<u>RELATIONSHIP</u>	<u>%</u>
<u>ADDRESS</u>			<u>CITY / STATE / ZIP</u>	

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>	<u>RELATIONSHIP</u>	<u>%</u>
<u>ADDRESS</u>			<u>CITY / STATE / ZIP</u>	

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>	<u>RELATIONSHIP</u>	<u>%</u>
<u>ADDRESS</u>			<u>CITY / STATE / ZIP</u>	

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SSN</u>	<u>RELATIONSHIP</u>	<u>%</u>
<u>ADDRESS</u>			<u>CITY / STATE / ZIP</u>	

I have properly completed the BENEFICIARY DESIGNATION form and I reserve the right to revoke or change the designation in accordance with Plan provisions. No beneficiary designation, or revocation or change of designation will be effective until it is received by the Committee or its designee on the prescribed form.

Signature of Participant/Surviving Spouse/Beneficiary Date

Signature of Witness Date

Submit this form *only* if you designate a trust, will, or estate as beneficiary.