



**OCCIDENTAL CHEMICAL CORPORATION (OCC)  
BENEFICIARY DESIGNATION FOR:**

- OXY BASIC LIFE INSURANCE PLAN
- OXY OPTIONAL LIFE PLAN
- OXY BASIC AD&D PLAN
- OXY OAD&D PLAN
- OXY VOLUNTARY AD&D PLAN

**Mail This Completed Form to:**  
 OxyLink Employee Service Center  
 4500 S. 129<sup>th</sup> E. Avenue  
 Tulsa, OK 74134-5801

**OxyLink cannot accept faxed copies**

**Important: Before completing this designation, please read the information and instructions on page 3**

**Complete Parts A through E**

**Part A Reason**

Check one:  Initial Designation  Change Prior Designation

**Part B Employee Information** (Last Name) (First) (M.I.) Birth Date: Social Security Number:

Name:

**Part C Primary Beneficiary Designations**

I hereby designate the following individual or trust as my primary beneficiary(ies) to receive my benefits in the event of my death under the following Oxy plans: Basic & Optional Life Insurance, Basic, Occupational and Voluntary Accidental Death and Dismemberment. If you wish to designate additional primary beneficiaries, check the 'Yes' box below and on page 2 enter the same information requested below for those individuals.

Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:

Are additional primary beneficiaries listed on page 2?  Yes  No

**Part D Contingent Beneficiary Designations**

I hereby designate the following individual or trust as my contingent beneficiary(ies) to receive my benefits in the event of my death under the following Oxy plans: Basic & Optional Life Insurance, Basic, Occupational and Voluntary Accidental Death and Dismemberment if, on the date of death, all named primary beneficiaries in section  predeceased me. If you wish to designate additional contingent beneficiaries, check the 'Yes' box below and on page 2 enter the same information requested below for those individuals.

Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:

Are additional contingent beneficiaries listed on page 2?  Yes  No

**Part E Employee Signature**

Signature:

Date:

Daytime  
Telephone  
Number:

**Part F OxyLink Acceptance - for Company Use Only**

Date Received:

Approved:

Date:

**Oxy Basic Life, Optional Life, Basic AD&D, Voluntary AD&D and OAD&D Plans Beneficiary Designation (cont'd)**

**Employee Name:** \_\_\_\_\_

**Social Security No:**  
\_\_\_\_\_

<b>Part C (continued) – Additional Primary Beneficiary Designations under the Oxy Basic Life, Basic AD&amp;D and OAD&amp;D Plans:</b>				
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
<b>Part D (continued) – Additional Contingent Beneficiary Designations under the Oxy Basic Life, Basic AD&amp;D and OAD&amp;D Plans:</b>				
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:

If you designated additional primary and/or contingent beneficiaries for the Oxy Basic and Optional Life, Basic AD&D, OAD&D and Voluntary AD&D Plans, you must sign and date this page below and mail both pages of this designation to the address shown at the top of page 1. If additional space is required, enter the additional information requested above on another sheet, sign and date it, and attach it with pages 1 and 2 of this designation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**OCCIDENTAL CHEMICAL CORPORATION**  
**BASIC & OPTIONAL LIFE, BASIC, VOLUNTARY AND OCCUPATIONAL**  
**ACCIDENTAL DEATH & DISMEMBERMENT PLANS**  
**BENEFICIARY DESIGNATION INFORMATION AND INSTRUCTIONS**

**Beneficiary Designation Information:**

This form must be completed in ink or typed. Cross-outs and the use of white-out is not permitted, in this case, you must request a new form. **If you wish to make separate designations for each plan, you may do so by completing a separate form for each plan. Be sure to circle the plan name on the top of the beneficiary designation form to designate the plan this form is for.**

You may change your beneficiary designation under the Occidental Chemical Corporation (OCC) Basic and Optional Life, Basic, Voluntary and Occupational Accidental Death & Dismemberment Plans at any time by requesting a new designation form from *OxyLink*. Your new beneficiary designation form will be effective when it is received and approved by *OxyLink* and will supersede any previous designation forms on file for the OCC Basic and Optional Life, Basic, Voluntary and Occupational Accidental Death & Dismemberment Plans.

Always consider submitting a new beneficiary designation if

- Your marital status changes
- You acquire or lose dependents
- Any of your primary or contingent beneficiaries die or has a change of address

You may designate two types of beneficiaries:

- **Primary Beneficiary:** A person or trust you name to receive your benefits in the event of your death under the Oxy Basic Life, Basic AD&D and OAD&D Plans. If you name multiple primary beneficiaries and any of them predecease you, the percentage such beneficiary would have received will be divided equally among your surviving primary beneficiaries.
- **Contingent Beneficiary:** A person or trust you name to receive your benefits in the event of your death under the Oxy Basic Life, Basic AD&D and OAD&D Plans if, on your date of death, all named primary beneficiaries predeceased you. If you name multiple contingent beneficiaries and any of them predecease you, the percentage such contingent beneficiary would have received will be divided equally among your surviving contingent beneficiaries.

If all of your designated primary and contingent beneficiaries predecease you or if you do not designate a beneficiary, payment will be made according to the following order:

1. Your spouse;
2. Your natural and adopted children, equally;
3. Your parents, equally;
4. Your brothers and sisters, equally;
5. Your estate.

This beneficiary designation will not affect your beneficiary designations under any other company-sponsored benefit plan.

In the event of your death, if one of your beneficiaries is a minor (a person not of legal age) when benefits are payable, it may be necessary that a court appoint a guardian or trustee to receive payment for the benefit of the minor beneficiary.

**How to Complete Your Designation:**

**Part A—Reason:** Please check the boxes that apply.

**Part B—Employee Information:** Provide your full name, birth date and Social Security number.

**Part C—Primary Beneficiary Designations:**

- Enter the given name of each beneficiary—for example, Mary J. Jones, not Mrs. John Jones. Also provide each beneficiary's address, Social Security number and birth date.  
Enter your relationship to each beneficiary. If the beneficiary is not your spouse or a blood relative, enter "no relation."  
If you designate more than one beneficiary, indicate the percentage of the payment you wish each beneficiary to receive.  
*Make sure the percentages for all primary beneficiaries total to 100%.* If no percentage is specified, payment will be made equally to each surviving primary beneficiary.

**Part D—Contingent Beneficiary Designation:** Follow the same instructions shown in the previous paragraph.

**Part E—Employee Signature:** Please sign and date your designation and provide your daytime telephone number in the event that *OxyLink* needs to contact you.

**Mail your completed designation form to *OxyLink* at the address shown at the top of page 1.**

**What If I Have Additional Questions?**

If you have any questions, you may speak to an *OxyLink* representative by calling *OxyLink* at **800-699-6903** during normal business hours, Monday through Friday, 8:00 A.M. to 4:30 P.M. (Central Time) or email [Oxylink@oxy.com](mailto:Oxylink@oxy.com).