

DESIGNATION OF REPRESENTATIVE

I, _____ (name), of _____
(city, county, state), authorize the law firm of Miller & Chevalier Chartered to obtain on my behalf any and all information relating to the calculation of my pension benefit from the Pension Benefit Guaranty Corporation (“PBGC”). I understand that the release of this information is subject to the Privacy Act, 5 U.S.C. § 552a and that it may be obtained by Miller & Chevalier Chartered only with my written consent. I hereby provide my consent and authorize Miller & Chevalier Chartered to request and obtain any information relating to the calculation of my pension benefit from PBGC as well as any other information from PBGC that Miller & Chevalier Chartered sees fit. In addition, I authorize and appoint Miller & Chevalier Chartered, 655 Fifteenth St., NW, Suite 900, Washington, DC 20005, to act as my representative before the Pension Benefit Guaranty Corporation with respect to all issues relating to the determination of my benefit, including the appeal of my final benefit determination as provided in 29 C.F.R. § 4003.6.

Date: _____

(Signature)

Date: _____

(Witness)