MEBA PENSION TRUST - 401(K) PLAN

DESIGNATION OF AUTHORIZED REPRESENTATIVE FOR CLAIMS AND APPEALS

Pursuant to the claims and appeals procedures for benefits described in the MEBA Pension Trust – 401(k) Plan ("Plan"), you may name a representative to act on your behalf for purposes of reviewing documents concerning your claim and submitting issues and comments in connection with an appeal. If you would like to designate a representative, please complete this form and return it to the Plan Office.

| 1. Ple | ase provide the | following information: | | |
|--|------------------|------------------------|-----------------------|------------|
| | Your Name: | | | |
| | Address: | | | |
| | - | | | |
| | Social Security | Number | | |
| | Telephone: | | | |
| | Email or Facsir | nile: | _(please note if none | available) |
| If you are not the covered employee (Plan Participant), please provide the follow information for the Participant: | | | | |
| | Participant's Na | ame: | | |
| | Address: | | | |
| | - | | | |
| | Social Security | Number | | |
| | Telephone: | | | |
| | Email or Facsir | nile: | _(please note if none | available) |
| | Relationship to | the Participant: | | _ |

I hereby designate the following person to act as my representative for purposes of 2. reviewing documents concerning your claim and submitting issues and comments in connection with an appeal.

| Representative's Name: | |
|------------------------|---------------------------------|
| Address: | |
| | |
| Telephone: | |
| Email or Facsimile: | (please note if none available) |
| Relationship: | |

3. I authorize my representative (named above) to review documents and submit issues and comments in connection with ______ [specify a particular claim for benefits or indicate if the representative is authorized to take such actions for all claims].

4. I request that the Plan send a copy of all requested information, notices and decisions relating to any aspect of my claim and/or appeal to my representative.

5. I understand that this designation will remain in effect until the conclusion of the Plan's claims and appeals process. I also understand that I have the right to revoke my designation of a representative at any time by sending a letter to that effect to:

MEBA Pension Trust – 401(k) Plan 1007 Eastern Avenue Baltimore, MD 21202-4345

Signature

Date

Please return this form to:

MEBA Pension Trust – 401(k) Plan 1007 Eastern Avenue Baltimore, MD 21202-4345 20637580v2