MEBA PENSION TRUST - MONEY PURCHASE BENEFIT PLAN

DESIGNATION OF AUTHORIZED REPRESENTATIVE FOR CLAIMS AND APPEALS

Pursuant to the claims and appeals procedures for benefits described in the MEBA Pension Trust – Money Purchase Benefit Plan ("Plan"), you may name a representative to act on your behalf with respect to any aspect of your claim or appeal. If you would like to designate a representative, please complete this form and return it to the Plan Office.

1. Please provide the following in	nformation:	
Your Name:		
Social Security Number		
Telephone:		
Email or Facsimile:	(please note if none a	vailable)
If you are not the covere information for the Participant:	ed employee (Plan Participant), please provide t	he following
Participant's Name:		
Address:		
Social Security Number		
Telephone:		
Email or Facsimile:	(please note if none a	vailable)
Relationship to the Particip	pant:	
	ng person to act as my representative for all purpocess, including requesting documents.	oses related to
Representative's Name:		

	Address:				<u> </u>			
	Telephone: Email or Facsimil	e:		(please note if nor	— ne available)			
				_ (Produce 11000 11 1101				
$\frac{3.}{\text{for b}}$	·	I authorize my representative (named above) to act on my behalf in connection with the interest of the representative is authorized to act on your behalf for all claims].						
4. any a	-	Plan send all reques			sions relating to			
	ns and appeals proce	this designation will ss. I also understand by sending a letter to	that I have the	right to revoke my				
	MEE		Money Purcha stern Avenue MD 21202-434					
Sign	ature							
Date	;							
Pleas	se return this form to	:						
MEI	BA Pension Trust –	Money Purchase Be	enefit Plan					

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1007 Eastern Avenue

Baltimore, MD 21202-4345