



**OCCIDENTAL PETROLEUM CORPORATION (OXY)
VOLUNTARY ACCIDENTAL DEATH AND
DISMEMBERMENT (AD&D) PLAN
BENEFICIARY DESIGNATION**

Mail this completed form to:
OxyLink Employee Service Center
4500 S. 129th E. Avenue
Tulsa, OK 74134-5801

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

Complete Parts A through E

Part A Reason				
Check one: <input type="checkbox"/> Initial Designation <input type="checkbox"/> 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 under the Oxy Accidental Death and Dismemberment (AD&D) Plan in the event of my death. If you wish to designate multiple primary beneficiaries, enter the same information requested below for those individuals on page 2 and check the 'Yes' box below.				
Primary Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Are additional primary beneficiaries listed on page 2? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Part D Contingent Beneficiary Designations				
I hereby designate the following individual or trust as my contingent beneficiary(ies) to receive my benefits under the AD&D Plan if all of my primary beneficiaries in section C die before me. If you wish to designate multiple contingent beneficiaries, enter the same information requested below for those individuals on page 2 and check the 'Yes' box below.				
Contingent Beneficiary Name and Address:	Soc. Sec. No:	Birth Date:	Relationship to You:	% of Benefits:
Are additional contingent beneficiaries listed on page 2? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Part E Employee Signature				
Signature:		Date:	Daytime Telephone Number:	
Part F OxyLink Acceptance - for Company Use Only				
Date Received:	Approved:	Date:		

Oxy AD&D Beneficiary Designation (cont'd)

Employee Name: _____

Social Security No: _____

Part C (continued) – Additional Primary Beneficiary Designations under the Oxy Voluntary AD&D Plan:				
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:
Part D (continued) – Additional Contingent Beneficiary Designations under the Oxy Voluntary AD&D Plan:				
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 also designate additional primary and/or contingent AD&D beneficiaries above, 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 to pages 1 and 2 of this designation.

Employee Signature

Date

OCCIDENTAL PETROLEUM CORPORATION VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PLAN BENEFICIARY DESIGNATION INFORMATION AND INSTRUCTIONS

Beneficiary Designation Information:

- You may change your beneficiary designation under the Occidental Petroleum Corporation (Oxy) Voluntary Accidental Death and Dismemberment (AD&D) Plan at any time by requesting a new designation form from *OxyLink*. Your new designation will be effective and will cancel any previous designation on file for the AD&D Plan when it is received and approved by **OxyLink**.
- 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
- You may designate two types of beneficiaries:
 - **Primary Beneficiary:** A person or trust you name to receive your benefits under the AD&D Plan in the event of your death. If you name multiple primary beneficiaries and any of them die before 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 under the AD&D Plan if, on your date of death, all of your primary beneficiaries predeceased you. If you name multiple contingent beneficiaries and any of them die before 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 die before you or if you do not designate a beneficiary, payment will be made in 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.
- If one of your beneficiaries is a minor (a person not of legal age) when benefits are payable in the event of your death, 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 total percentages add up 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 *OxyLink* needs to contact you.
- **Mail your completed designation to *OxyLink* at the address shown at the top of page 1.**

What If I Have Additional Questions?

If you have additional questions, please refer to the AD&D summary plan description, or call the **OxyLink Service Center** 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.