

**COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN  
NOTICE OF SURVIVOR BENEFIT  
FOR**

**CASH BALANCE PARTICIPANTS**

**[NOTICE TO GRANDFATHERED PARTICIPANTS:** Please recall that there are both “Grandfathered” participants and “Cash Balance” participants in the Spectrum Retirement Plan. If, as of January 1, 2002, you were at least forty (40) years of age and had at least fifteen (15) years of continuous credited service, you are a Grandfathered participant. If you are not a Grandfathered participant then you are a Cash Balance participant.

**This Notice does not apply to you if you are a Grandfathered participant.** Grandfathered participants also have a fully subsidized “Survivor Benefit” but do not have the option for a “lump sum” payment. Therefore, no designation of beneficiary is necessary since the only form of survivor benefit available is a “Qualified Joint & Survivor Annuity,” which can only be paid to a qualified spouse.]

The purpose of this Notice is to describe the “Survivor Benefit” that is payable under the Cooper Tire & Rubber Company Spectrum Retirement Plan (the “Plan”) with respect to Cash Balance Participants. The Survivor Benefit is the benefit that is payable if you die before you receive (or start to receive) your pension benefits under the Plan. In other words, if you die before you make a conscious decision to retire the Plan assumes that you made a decision to retire the day prior to your death and provides for the payment of your survivor benefit to your spouse or designated beneficiary. This benefit is fully subsidized by Cooper and there is no reduction of your benefit because of this survivor benefit provision.

This Notice provides information regarding the Survivor Benefit and describes the choices you have in naming a beneficiary to receive this benefit. Different rules apply depending on whether you are married or unmarried.

Please read this Notice carefully before completing the attached Beneficiary Designation/Consent Form.

**General Information**

1. If you die before you receive (or start to receive) your pension benefits, your entire vested Cash Balance Account will be paid to your designated beneficiary.
2. No Interest Credits will be credited to your Cash Balance Account after the one year anniversary of the last day of the month in which your death occurs and any Interest Credits that are credited to your Cash Balance Account after your death will be credited using the applicable interest rate for Interest Credits in effect at the time of your death.
3. Non-spouse beneficiaries will receive your Cash Balance Account in the form of a lump sum distribution. Spousal beneficiaries will receive your Cash Balance Account in the form of monthly annuity payments for life, unless you elect for your surviving spouse to receive the Cash Balance Account in the form of a lump sum, or, after your death, your surviving spouse elects to receive your Cash Balance Account in the form of a lump sum.

4. Any election made in the enclosed Beneficiary Designation/Consent Form may be revoked by you at any time, and once revoked, another election may be made at any time, with spousal consent, if applicable.
5. The enclosed Beneficiary Designation/Consent Form should be returned to The Principal®, Retirement Actuarial Consulting Group, US Steel Tower, Suite 1245, 600 Grant Street, Pittsburgh, PA 15219. Please contact (866) 240-1348 toll free, if you have any questions or need any additional information.

### **Unmarried Participants**

If you are not legally married, you may designate any person as your beneficiary to receive the Survivor Benefit. Please complete and return the enclosed Beneficiary Designation/Consent Form.

If you fail to designate a beneficiary, your beneficiary will be your estate.

### **Married Participants**

If you are legally married, you may designate any person as your beneficiary to receive the Survivor Benefit on the enclosed Beneficiary Designation/Consent Form. However, if you designate a beneficiary other than your spouse, your spouse must consent to the designation. If your spouse is the designated beneficiary, he or she will receive the Survivor Benefit as an annuity, payable for life, unless you elect for your spouse to receive the Survivor Benefit in the form of a lump sum and your spouse consents to the election, or your spouse selects a lump sum payment after your death.

If you fail to designate a beneficiary, your beneficiary will be your spouse.

If you want to name someone other than your spouse as the beneficiary of your Survivor Benefit, you and your spouse must sign the enclosed Beneficiary Designation/Consent Form. In addition, if you want your spouse to receive the Survivor Benefit in the form of a lump sum, instead of an annuity for his or her lifetime, you must indicate so on the enclosed Beneficiary Designation/Consent Form.

**IMPORTANT NOTE:** Due to IRS regulations, if you are under age 35, any designation of a non-spouse beneficiary or election of a lump sum form of payment will become invalid on January 1 of the year in which you reach age 35. You and your spouse must file another Beneficiary Designation/Consent Form on or after January 1 of the year in which you reach age 35 if you would like your designation of a non-spouse beneficiary or election of a lump sum payment to remain effective.

**COOPER TIRE & RUBBER COMPANY SPECTRUM RETIREMENT PLAN**

**SURVIVOR BENEFIT  
FOR CASH BALANCE ACCOUNTS**

**BENEFICIARY DESIGNATION/CONSENT FORM**

**I. PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ I have \_\_\_\_\_ I have not attained age 35. (If you are under 35 and married, this Beneficiary Designation/Consent Form will become invalid on January 1 of the year in which you attain age 35. You must file another Beneficiary Designation/Consent Form on or after January 1 of the year in which you reach age 35 if you want your beneficiary designation to remain effective.)

**II. SPOUSE INFORMATION**

\_\_\_\_\_ I have \_\_\_\_\_ I do not have a spouse. If you have a spouse, provide the following information regarding your spouse:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**III. BENEFICIARY DESIGNATION**

Primary Beneficiary: I hereby designate the following person as the primary beneficiary of my Survivor Benefit:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Secondary Beneficiary: I hereby designate the following person as the contingent beneficiary to receive my Survivor Benefit if I die and my primary beneficiary is not living:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**IV. FORM OF DISTRIBUTION** (Complete this section if your spouse is named as your sole primary beneficiary under Part III above and you want to designate that the Survivor Benefit be paid in a lump sum. If you leave this section blank, your spouse will be able to decide after your death whether to receive the Survivor Benefit as a lifetime annuity or a lump sum.)

\_\_\_\_\_ I hereby elect for my spouse to receive his or her Survivor Benefit in a lump sum distribution of my Cash Balance Account.

**V. PARTICIPANT SIGNATURE**

I have received and read the Notice that describes the Survivor Benefit. I certify that the information contained on this Form is, to the best of my knowledge, true and correct. I agree to keep the Plan Administrator informed of any changes to my marital status and understand that any such change may void this designation. This beneficiary designation supercedes any prior designation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**VI. SPOUSE'S NOTARIZED CONSENT** (Required unless spouse is named as sole primary beneficiary under Part III above and lump sum is not elected under Part IV of this Form.)

I am the legal spouse of the participant. I have received and read the Notice that describes the Survivor Benefit. I understand that I have a legal right to receive the Survivor Benefit in the form of a lifetime annuity under the Plan if my spouse dies before beginning to receive the Cash Balance pension benefits under the Plan. I also understand that my spouse may not designate someone else to receive this Survivor Benefit or elect that I receive this Survivor Benefit in a lump sum without my written consent. The Survivor Benefit payable as an annuity would provide me with monthly payments for life that are the actuarial equivalent of 100% of my spouse's Cash Balance Account.

If my spouse has designated someone else as the primary beneficiary of the Survivor Benefit, I acknowledge that designation and I hereby consent to my spouse's designation of the beneficiary(ies) listed in Part III of this Form. I understand that my spouse cannot choose a different beneficiary unless I agree to the change. I understand that by signing this consent, I may receive less money than I would have received under the Survivor Benefit or that I may receive nothing relating to my spouse's Cash Balance Account after my spouse dies.

If my spouse has elected that I should receive the Survivor Benefit in the form of a lump sum, I understand that I will not receive the Survivor Benefit in the form of an annuity for life. I also understand that if my spouse does not elect that I should receive a lump sum distribution, I will receive the Survivor Benefit as an annuity unless I elect to receive the Survivor Benefit as a lump sum following my spouse's death.

I understand that I do not have to sign this consent. I am signing this consent voluntarily. I also understand that this consent, once given, is irrevocable.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

Subscribed and sworn to before me, a notary public, in \_\_\_\_\_

County, State of \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**RETURN THIS FORM TO:**

The Principal®, Retirement Actuarial Consulting Group  
Att: Pat Ross or Sue Bond  
US Steel Tower, Suite 1245  
600 Grant Street  
Pittsburgh, PA 15219