

To

Date 02/82

Subject Continuing Life Insurance after Age 65 for
Retirees with 10 or more Years of Participation

I R HENDERSON

Retiree's Name

306-14-8007

Social { Security } Number
{ Insurance }

Metropolitan records show that you now have \$ **2,850.00** of Continuing Life Insurance in effect, without cost to you, for the rest of your life.

Important: Keep this notice with your other valuable papers.

If you have any questions regarding your Continuing Life Insurance, please contact:

Metropolitan Life Insurance Company
15500 6 35001

EMPLOYEE'S DESIGNATION OF BENEFICIARY(IES) UNDER THE GENERAL MOTORS GROUP INSURANCE PLAN

(Before completing this form, see the reverse side)

Employee's Name Ina R. Henderson Social Security Insurance No. 306-14800

Group Policy No. (check the applicable one): 14000-G 15500-G

Allico Remy
(Plant or Division)

Anderson
(Location)

IN ACCORDANCE WITH the above numbered Group Policy, I hereby revoke any previous designations of beneficiary and contingent beneficiary (if any) and designate as beneficiary(ies), the following:

Sarah
First Name

E
Middle Initial

Robbin
Last Name

sister 66
Relationship to Employee Age

residing at 28 Freedom Acres Muskegon
(Number, Street, City, State or Province, Zip or Postal Code)

If more than one beneficiary is designated herein, then, in the event that any of the said beneficiaries shall be not living at my death, the share of such beneficiary shall be paid to the others of the said beneficiaries, in equal shares, or all to the survivor.

I reserve the right to change this designation at any time.

Dated at Anderson this 5th day of September 19 86

Signature of Employee (IN INK) Ina R. Henderson

EMPLOYER'S SECTION

This Designation of Beneficiary(ies) has been made a part of the Employee's Group Insurance records.

Date 9-5-86 Endorsed by Amelton

RDW

DESIGNATION OF BENEFICIARY UNDER THE DELPHI LIFE AND DISABILITY BENEFITS PROGRAM

Please read the step-by-step instructions and general information on the reverse side of this form BEFORE completing this form.

Employee's Name Lisa B. Henderson

Active Hourly
 Retired Salaried

Social Security No. 306-14-8007

Address 8400 W. Co R. 4005
(Number) (Street)

Name of Applicant Owner
or Assignee, if any:

Yorktown Ind 47396
(City) (State) (Zip Code)

Salaried Employees Only

Place an "X" in the box next to the coverage you wish your designation to apply.

	<u>Hourly Policy No.</u>	<u>Salaried Policy No.</u>
<input checked="" type="checkbox"/> Basic Life Insurance	95743-G	95746-G
<input type="checkbox"/> Optional Life Insurance	95754-G	95761-G or 95762-G
<input type="checkbox"/> Personal Accident Insurance	95757-G	95764-G or 95765-G

I revoke any previous designation(s) of beneficiary and designate the following:

SECTION 1. PRIMARY BENEFICIARY DESIGNATION

First Name, Middle Initial, Last Name	%	Relationship to Employee	Age	Address (Number, Street, City, State, Zip Code)
<u>Walter C. Grobbiz</u>		<u>Brother</u>	<u>82</u>	<u>8400 W. Co R. 4005</u> <u>Yorktown Ind. 47396</u>

If more than one primary beneficiary is designated above, then if any of the primary beneficiaries shall be not living at the employee's death, or, in the case of a "common disaster" designation, at the expiration of the period specified in Section 3. below, the share of such primary beneficiary shall be paid to the beneficiaries who shall be living at the employee's death, in equal shares or all to the survivor.

SECTION 2. CONTINGENT BENEFICIARY DESIGNATION

First Name, Middle Initial, Last Name	%	Relationship to Employee	Age	Address (Number, Street, City, State, Zip Code)

If more than one contingent beneficiary is designated above, then if any of the contingent beneficiaries shall be not living at the employee's death, or, in the case of a "common disaster" designation, at the expiration of the period specified in Section 3. below, the share of such contingent beneficiary shall be paid to the contingent beneficiaries who shall be living at the employee's death, in equal shares or all to the survivor.

SECTION 3. "COMMON DISASTER" DESIGNATION

The amount payable by reason of the employee's death will be paid to the primary beneficiary(ies), or contingent beneficiary(ies), as applicable, only if such beneficiary(ies), is (are) living at the expiration of _____ calendar days (maximum 30) following such death, exclusive of the calendar day of such death.

I reserve the right to change this designation at any time.

Signature of Employee, Applicant Owner or Assignee (IN INK) Lisa B. Henderson
Walter C. Grobbiz P.O.A. Date 12-23-00

For National Benefit Center Use Only: This designation of beneficiary has been made part of the employee's records.

By _____ Date _____