UNIROYAL

APPLICATION OF OPTIONAL METHOD OF RETIREMENT BENEFITS
POST-RETIREMENT OPTION
PLAN A

| PERSON | LAST NAME | FIRST NAME | M.I. | TRANS. CODE(1-3) | SOC. SEC. NO. (4 -12) |
|---|---|---|---|---|---|
| | CRISS | JAMES | E. | 076 | 235-54-6402 |

| LOCATION | LOCATION NAME | LOCATION NO.(13 16) | SERVICE DATE |
|---|---|---|---|
| | Painesville | 3340 | 5-23-71 |

| DATE OF BIRTH | DATE OF RETIREMENT | DATE AGE 65 |
|---|---|---|
| 5-31-38 | 7-01-82 | 5-31-2003 |

OPTION

[ ] Statement of employee wishing a Joint and Survivor Annuity at date of retirement. Effective with the later of the date of retirement or my 55th birthday, I understand that my retirement benefit payable to me shall be actuarially reduced to _____% during my lifetime and that after my death to 50% of my reduced monthly payment to my spouse during my spouse's lifetime (provided I have been married one year prior to my death).

[ ] Statement of employee wishing a five year certain option. I understand that my retirement benefit payable to me shall not be reduced during my lifetime and that my named beneficiary shall receive an allowance for a period of five years commencing with the month following the later of the date of my retirement or my 55th birthday and ending on the fifth anniversay of such date.

INFORMATION

[X] Statement of employee wishing a five year certain option and either a 100% or 50% contingent annuitant option. Effective with the expiration of the five year certain, I understand that my retirement benefit payable to me shall be actuarially reduced to 72.4% during my lifetime to provide a monthly amount payable equal to 100 % of my monthly reduced retirement benefit to my named beneficiary during the beneficiary lifetime, beyond the expiration of five year certain.

[ ] Statement of employee wishing a five year certain option and either a 5, 10, or 15 year extended term certain option. Effective with the expiration of the five year certain, I understand that my retirement benefit payable to me shall be actuarially reduced to ____% during my lifetime, and in the event of my death to provide a monthly amount reduced for a period of ____ years beyond the expiration of the five year certain.

BENEFICIARY INFORMATION (TO BE COMPLETED IF OPTION IS ELECTED)

| F.I. (45) | M.I. (46) | LAST NAME (47-66) | SOC. SEC. NO.(30-38) | TYPE OF OPTION (23) |
|---|---|---|---|---|
| E. | G. | CRISS | 235-62-4956 | 100% Cont. Annuitant |

| DATE OF BENEFICIARY BIRTH | | | DATE OF MARRIAGE | | | RELATIONSHIP TO EMPLOYEE | OPTION PERCENT |
|---|---|---|---|---|---|---|---|
| YEAR | MONTH | DAY (39-44) | YEAR | MONTH | DAY | | (24 - 28) |
| 1938 | 9 | 26 | 1957 | 7 | 11 | spouse | 72.4% |

I understand the options of the Retirement Plan and the election I have made. I also understand that if I had elected a Pre-Retirement Joint and Survivor Annuity, my retirement allowance would be reduced by 6/10 of 1% for each year the option was in effect.

SIGNATURE

James E Criss — Employee Signature — 7-1-82 — Date

Edith Grace Criss — (If Elected) Beneficiary Signature — 7-1-82 — Date

R. T. Thomas — Witness Signature — 7/1/82 — Date

Rev. 1/78