

SHELL OIL COMPANY
1996 COLI CONSENT INCENTIVE BENEFIT PLAN

CLAIM FORM

Please complete this form along with items 2, 3, and (if applicable) 4 listed on the previous pages and return to:

Stacey Wahlberg
Aon Consulting
53 Wolfpit Drive
Southbury, CT 06488

IMPORTANT: A death benefit claim cannot be processed until all of the required information has been received.

If Claim Filed by Surviving Legal Spouse

If Claim Filed by Executor Or Administrator

Full Name of Surviving Legal Spouse

Full Name of Executor or Administrator

Address

Address

Telephone Number

Telephone Number

Social Security Number

Federal Estate Tax Identification Number

Claimant's Name: _____

Claimant's Signature: _____ Date: ___/___/___



The COLI Consent Incentive Benefit Plan Certificate of Plan Participation cannot be located.