

Alliance Coal, LLC and Affiliates Profit Sharing and Savings ("Plan")

About You (Please Print)

Name: _____ Social Security Number: _____

Marital Status: Single Married If you marked "Married," you must complete the following certification:

By signing below, I hereby certify that I was legally married to _____ on the ____ day of _____, _____, in _____ County, State of _____.

Primary Beneficiary: I designate the following person(s) to receive my account balance upon my death. If multiple primary beneficiaries are listed, and if any primary beneficiaries die before me, their share of my account balance shall be divided among the surviving primary beneficiaries in proportion to their respective percentages shown.

Table with 5 columns: Name, Relationship, Birth Date, Social Security #, % of Benefit. Includes three blank rows for beneficiary information.

Contingent Beneficiary: If no primary beneficiaries listed above are alive upon my death, I designate the following person(s) to receive my account balance upon my death. If any contingent beneficiaries die before me, their share of my account balance shall be divided among the surviving contingent beneficiaries in proportion to their respective percentages shown.

Table with 5 columns: Name, Relationship, Birth Date, Social Security #, % of Benefit. Includes three blank rows for contingent beneficiary information.

Signature: _____ Date: _____

Spousal Consent (if necessary): If you are married and you designate someone other than your spouse as your primary beneficiary, your spouse must provide the following consent in writing to your beneficiary designation. Your spouse's signature must be notarized.

I am the spouse of the employee named above. I am aware that under the terms of the Plan I am entitled to receive all of my spouse's benefits in the event of my spouse's death. I am aware that if my spouse designates a beneficiary other than me to receive those benefits, that beneficiary designation is void unless I give my written consent to the beneficiary designation. I understand that if I give my written consent I cannot later revoke it; it is permanent. I also understand that any subsequent beneficiary designation of someone other than me made by my spouse shall also be void unless I again give my consent to that particular beneficiary designation. Knowing this, I hereby irrevocably consent to the above primary beneficiary designation and waive my right to receive any benefits I may be entitled to receive under the Plan in the event of my spouse's death, except as provided above.

Spouse's Name: _____ Date: _____

Spouse's Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public: _____