



Beneficiary Designation Instructions

All information must be typed or printed neatly, using uppercase letters and black ink. If it is necessary to make corrections to the beneficiary section, you must place your initials next to the corrected or crossed-out words. **Do not use whiteout;** otherwise the form will be returned to you. If you have any questions about making a beneficiary designation, call the Altria Group Benefits Center toll-free at 1-800-872-3777, Option 1, business days (excluding holidays recognized by the New York Stock Exchange), from 8:30 a.m. to 8:00 p.m. Eastern time, and speak with a Service Representative. You can obtain additional Beneficiary Designation Forms by logging on to Fidelity NetBenefitsSM at <http://netbenefits.fidelity.com> or calling the Benefits Center at 1-800-872-3777, Option 1.

Make a copy of pages 3 and 4 of this form for your files and return the **original** in the enclosed envelope or return the original to:
Altria Group Benefits Center
P.O. Box 770003
Cincinnati, OH 45277-0065.

A. PLANS NEEDING A BENEFICIARY

Check the box(es) for the Plan(s) for which you are naming a beneficiary(ies). Unless you check off all plans in which you are enrolled, you will need to complete separate Beneficiary Designation Forms if the beneficiaries are different across individual Plans.

B. ABOUT YOU

Complete all applicable information.

C. MARITAL STATUS

You must check either single or married. If you are married, federal law generally requires that all benefits from retirement plans be paid to your spouse unless your spouse consents in writing (Section D) to another beneficiary designation (Section F and/or G) and this consent is witnessed by a Notary Public.

D. YOUR SPOUSE'S CONSENT

For the Deferred Profit-Sharing (DPS) Plan if you name someone other than, or in addition to, your spouse as your primary beneficiary(ies), your spouse must sign and date the form and have his/her signature witnessed by a Notary Public. A bank, law office or local government office usually has a Notary Public on staff.

Federal law requires that all retirement benefits from the DPS Plan of a married participant be paid to his or her spouse unless the spouse consents otherwise. If your spouse does not waive his or her right, then your spouse will automatically be your primary beneficiary of your DPS Plan account.

E. YOUR AUTHORIZATION AND DATE

By signing and dating this section, you officially designate the person(s) listed on the form as your primary beneficiary(ies), and if applicable, your secondary beneficiary(ies) for these Plans. Your beneficiary designation(s) will not be valid unless this form is on file with the recordkeeper for these Plans.

F and G. BENEFICIARY INFORMATION

If you want to name more than three primary and three secondary beneficiaries, photocopy page 4.

- 1. If these sections are not filled out completely, the form will be returned to you.**
- 2. The beneficiary designation should not include wording such as "either/or" or "and/or." You cannot designate unborn children or charitable organizations.**
- 3. Use only whole-number percentages equaling 100%. For example, designations such as 33 1/3 or 33.3 are not acceptable.**

- Naming an estate:** Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.
- Naming an irrevocable or revocable trust:** Provide the Trust's name and address, name of one Trustee, the date of the Trust and the Trust's tax ID number (see example 3 on page 2). **Do not send a copy of the trust agreement.**

A beneficiary is a person, institution or irrevocable or revocable Trust named by you, the participant, to receive payment of benefits provided under the Plans in the event of your death. You may designate more than one beneficiary who will share the benefit equally or receive a designated percentage. *No secondary beneficiary(ies) will receive any benefit unless (1) all primary beneficiaries are deceased, or (2) the primary beneficiaries are limited to specific shares that was designated, in which case the secondary beneficiary(ies) will receive the share(s) of the primary beneficiary(ies) who predeceased them.*

Please do not return this page.

SAMPLE BENEFICIARY DESIGNATIONS

EXAMPLE 1: ONE BENEFICIARY

1	Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:	
	<u>John M. Doe</u>	_____	
	Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):	
	<u>111 Street Rd.</u>	<u>01-06-1954</u>	
	Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN
<u>City, ST 00000 USA</u>	<u>111-22-3333</u>	(for foreign citizen): <input type="checkbox"/>	
Relationship to you: Spouse <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Percentage: <u>100%</u>
Primary Beneficiary Total:			<u>100%</u>

EXAMPLE 2: TWO BENEFICIARIES IN UNEQUAL SHARES

1	Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:	
	<u>Anne Doe</u>	_____	
	Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):	
	<u>111 Street Rd.</u>	<u>04-22-1951</u>	
	Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN
<u>City, ST 00000 USA</u>	<u>333-44-5555</u>	(for foreign citizen): <input type="checkbox"/>	
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input checked="" type="checkbox"/>		Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Percentage: <u>75%</u>
Primary Beneficiary Total:			<u>100%</u>

2	Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:	
	<u>Michael J. Doe</u>	_____	
	Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):	
	<u>111 Street Rd.</u>	<u>05-15-1958</u>	
	Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN
<u>City, ST 00000 USA</u>	<u>444-55-6666</u>	(for foreign citizen): <input type="checkbox"/>	
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input checked="" type="checkbox"/>		Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Percentage: <u>25%</u>
Primary Beneficiary Total:			<u>100%</u>

EXAMPLE 3: TRUST

1	Name of Beneficiary or 1 Trustee (First, MI, Last):	Trust Name:	
	<u>Jane M. Doe</u>	<u>Living Trust of Jane Doe</u>	
	Address Line 1:	Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy):	
	<u>111 Street Rd.</u>	<u>01-06-1954</u>	
	Address Line 2:	Beneficiary's SSN/Tax ID:	Check here if no SSN
<u>City, ST 00000 USA</u>	<u>111-22-3333</u>	(for foreign citizen): <input type="checkbox"/>	
Relationship to you: Spouse <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Percentage: <u>100%</u>
Primary Beneficiary Total:			<u>100%</u>

F. PRIMARY BENEFICIARY INFORMATION

You must use whole percentages, and the sum of the share percentages must equal 100%. To designate additional beneficiaries, photocopy this page.

1	Name of Beneficiary or 1 Trustee (First, MI, Last): _____ Address Line 1: _____ Address Line 2: _____	Trust Name: _____ Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy): _____ Beneficiary's SSN/Tax ID: _____ Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
2	Name of Beneficiary or 1 Trustee (First, MI, Last): _____ Address Line 1: _____ Address Line 2: _____	Trust Name: _____ Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy): _____ Beneficiary's SSN/Tax ID: _____ Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
3	Name of Beneficiary or 1 Trustee (First, MI, Last): _____ Address Line 1: _____ Address Line 2: _____	Trust Name: _____ Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy): _____ Beneficiary's SSN/Tax ID: _____ Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	

Primary Beneficiary Total: 100%

G. SECONDARY BENEFICIARY INFORMATION

You must use whole percentages, and the sum of the share percentages must equal 100%. To designate additional beneficiaries, photocopy this page.

1	Name of Beneficiary or 1 Trustee (First, MI, Last): _____ Address Line 1: _____ Address Line 2: _____	Trust Name: _____ Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy): _____ Beneficiary's SSN/Tax ID: _____ Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
2	Name of Beneficiary or 1 Trustee (First, MI, Last): _____ Address Line 1: _____ Address Line 2: _____	Trust Name: _____ Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy): _____ Beneficiary's SSN/Tax ID: _____ Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
3	Name of Beneficiary or 1 Trustee (First, MI, Last): _____ Address Line 1: _____ Address Line 2: _____	Trust Name: _____ Beneficiary's Date of Birth or Date of Trust (mm-dd-yyyy): _____ Beneficiary's SSN/Tax ID: _____ Check here if no SSN (for foreign citizen): <input type="checkbox"/>	Percentage: _____
Relationship to you: Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Other <input type="checkbox"/>		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	

Secondary Beneficiary Total :100%



Beneficiary Designation

PLEASE PRINT IN CAPITAL LETTERS USING BLACK INK, OR TYPE ALL INFORMATION. DO NOT USE WHITEOUT.

A. PLANS NEEDING A BENEFICIARY

The beneficiary designation(s) made on this form apply to those plans in which you are enrolled or for which benefits are payable by reason of your death.

- Deferred Profit-Sharing Plan for Craft Employees (# 23513)
- Deferred Profit-Sharing Plan for Salaried Employees (#23514)
- Deferred Profit-Sharing Plan for Tobacco Workers (#23511)

B. ABOUT YOU

Participant's Name (First, Middle Initial, Last) _____ Participant's Social Security Number (SSN) _____

Street Number _____ Street Name _____

City _____ State _____ Zip _____ Country _____

() - _____

Daytime Phone Number _____

C. MARITAL STATUS

Single Married

Federal law requires a married participant to name his or her spouse as the primary beneficiary to the retirement plan, unless the spouse consents in writing (Section D) to another beneficiary designation (Section F and/or G) and this consent is witnessed by a Notary Public.

D. YOUR SPOUSE'S CONSENT

I hereby consent to the beneficiary designation on this form and acknowledge that (1) the effect of such designation will cause part or all of my spouse's account balance to be paid to someone other than me; (2) each primary beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse changes or revokes the beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Notary Seal

Spouse's signature _____

Signed in the presence of: _____

Notary Public Signature _____

Subscribed and sworn before me on this date: _____ mm - dd - yyyy

My commission expires on this date: _____ mm - dd - yyyy

E. YOUR AUTHORIZATION AND DATE

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my previous designations (if any) of primary and secondary beneficiaries. I hereby authorize the DPS Plan Administrator to make distribution pursuant to such Plan to or for the benefit of such beneficiary(ies), and I agree on behalf of myself, my heirs, executors, administrators and assigns, that distribution so made shall be a complete discharge of any claim and shall constitute a release of the Plan, the Administrator, and the Trustee from any liability or obligation in connection therewith. This designation of beneficiary(ies) shall be effective as of the time of receipt hereof by the DPS Plan Administrator.

Note: If you are married, then your spouse must be your only primary beneficiary. If your spouse is not your only designated primary beneficiary, this Beneficiary Designation Form is invalid without the consent of your spouse.

Participant's signature _____ Date _____

Return the original in the enclosed envelope or return the original to:
Altria Group Benefits Center
P.O. Box 770003
Cincinnati, OH 45277-0065



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