

Beneficiary Designation Form

Alliance Coal, LLC and Affiliates Profit Sharing and Savings

This designation can be revoked at any time by providing a new completed Beneficiary Designation Form (with any spousal consent as may then be required) to the Plan Administrator.

ABOUT YOU

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 _____.

BENEFICIARY DESIGNATION

Primary Beneficiaries:

I hereby designate the following person or persons to receive any nonforfeitable accrued benefit payable to me under the Plan in the event of my death.

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Social Security #</u>	<u>% of Benefit</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any primary beneficiaries shall die before me, their share of the nonforfeitable accrued benefit shall be divided among any surviving primary beneficiaries in proportion to the respective percentages shown for the surviving primary beneficiaries.

Contingent Beneficiaries:

I hereby designate the following person or persons to receive any nonforfeitable accrued benefit payable to me under the Plan in the event of my death and the death of my Primary Beneficiaries.

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Social Security #</u>	<u>% of Benefit</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any contingent beneficiaries shall die before me, their share of the nonforfeitable accrued benefit shall be divided among any surviving contingent beneficiaries in proportion to the respective percentages shown for the surviving contingent beneficiaries.

SIGN

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 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.

Spouse's Name: _____ Date: _____

Spouse's Signature: _____

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

Notary Public: _____