

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 four horizontal lines for data entry.

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 four horizontal lines for data entry.

Your 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 consent in writing to your beneficiary designation. Your spouse's signature must be notarized. Please see the reverse of this page for the Spousal Consent.

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Participant Name: _____

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 on the previous page. 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: _____

Notary Stamp

This Spousal Consent for Beneficiary Designation is not valid without the Beneficiary Designation Form