

**Designation of Beneficiary under the Dow Employees' Pension Plan
(for participants formerly covered under the Rohm and Haas Company Retirement Plan)**

Name of Participant: _____ Employee ID: _____

I hereby direct that upon my death, whether before or after my retirement, the amounts payable with respect to my death benefit under the Pension Plan, if any, shall be paid to the following person or legal entities as my PRIMARY BENEFICIARY:

Name: _____
Social Security #: _____
Date of Birth: _____
Address: _____

City State ZIP

If, upon my death, no primary beneficiary is living, such amount or amounts shall be paid to the following person or legal entities as my CONTINGENT BENEFICIARY:

Name: _____
Social Security #: _____
Date of Birth: _____
Address: _____

City State ZIP

The form of distribution of such amounts shall be pursuant to the distribution provisions of the Plan.

If no primary or contingent beneficiary survives me, the entire amount should be paid according to the terms of the Plan.

If I am married on the date of my death and my death precedes the distribution of Plan benefits to me, the death benefit under the Plan shall be paid to my surviving spouse in the form of the survivor annuity described in the Plan. The execution and delivery of this form to the Plan Administrator revokes all of my prior beneficiary designations.

Signature of Participant

Date

**Return completed form to: Dow North America Benefits
P.O. Box 2169
Midland, MI 48641-2169**