

ALEXANDER & BALDWIN, INC.

CASH BALANCE BENEFICIARY DESIGNATION

Please Print

NAME: _____ SOCIAL SECURITY NO. _____
(Last) (First) (Initial)

IN THE EVENT OF MY DEATH, I HEREBY DESIGNATE THE FOLLOWING AS MY BENEFICIARY TO RECEIVE ALL PAYMENTS DUE UNDER MY CASH BALANCE ACCOUNT:

- A&B Retirement Plan for Salaried Employees of Alexander & Baldwin, Inc.
- Pension Plan for Employees of A&B Agricultural Companies
- Retirement Plan for Employees of Matson

I UNDERSTAND THAT A DESIGNATION OF ANY PERSON OTHER THAN (OR IN ADDITION TO) MY SPOUSE AS BENEFICIARY WILL NOT BE EFFECTIVE UNLESS MY SPOUSE FILES THE REQUIRED WRITTEN CONSENT TO SUCH DESIGNATION ON THE **CONSENT TO BENEFICIARY DESIGNATION** FORM. THIS REVOKES ANY AND ALL PRIOR BENEFICIARY DESIGNATIONS AND WILL BECOME EFFECTIVE WHEN THE COMPLETED FORM(S) IS ACCEPTED BY THE HUMAN RESOURCES DEPARTMENT.

NAME OF BENEFICIARY _____
(Last) (First) (Middle) (Relationship) (Birthdate—if under 18)

ADDRESS _____
(Number and Street) (City) (State) (Zip)

If space above is not suitable for the designation, please use this space:

I RESERVE THE RIGHT TO CHANGE MY DESIGNATION OF BENEFICIARY AT ANY TIME BY FILING A NEW **BENEFICIARY DESIGNATION** FORM. IF THE BENEFICIARY I HAVE NAMED SHOULD PREDECEASE ME, AND IF I HAVE NAMED NO OTHER BENEFICIARY, I DIRECT THAT PAYMENTS DUE UNDER THE PLAN(S) SHALL BE PAID AS PROVIDED IN THE PLAN(S).

DATE _____ EMPLOYEE'S SIGNATURE _____

ACCEPTED BY
HUMAN RESOURCES DEPARTMENT:

DATE _____ BY _____

(Return to Human Resources Department)

