



Please return to:
 Ormet Primary Aluminum Corporation
 Attn: Benefits Office
 P.O. Box 176
 Hannibal, Oh 43931

LIFE INSURANCE BENEFICIARY DESIGNATION

Active Retired
 Hourly Salary

Location

Reduction Burnside Rolling Mill Jackson

Name (Last, MI, First)	Social Security Number	Badge #	Marital Status
------------------------	------------------------	---------	----------------

Revoking any previous designation, I hereby designate the person(s) below as beneficiary of any amount payable under the Ormet Corporation, in the event of my death.

PRIMARY BENEFICIARY(IES)

Name (Last, MI, First)	Social Security Number	Relationship
------------------------	------------------------	--------------

Address	Date of Birth	% of Payment
---------	---------------	--------------

Name (Last, MI, First)	Social Security Number	Relationship
------------------------	------------------------	--------------

Address	Date of Birth	% of Payment
---------	---------------	--------------

CONTINGENT BENEFICIARY(IES)

Name (Last, MI, First)	Social Security Number	Relationship
------------------------	------------------------	--------------

Address	Date of Birth	% of Payment
---------	---------------	--------------

Name (Last, MI, First)	Social Security Number	Relationship
------------------------	------------------------	--------------

Address	Date of Birth	% of Payment
---------	---------------	--------------

When more than one beneficiary is designated, percentage payment will be made as elected to each surviving Primary Beneficiary or all the Survivor(s). If all Primary Beneficiaries are deceased, then percentage payment will be made as elected to each surviving Contingent Beneficiary or all to the Survivor(s). If there are no surviving beneficiaries, payment will be made to your estate. If no percentage is indicated for any category of beneficiary (primary or contingent), proceeds will be split evenly between the beneficiaries or surviving beneficiaries in such category.

 Participant's Signature

 Date