



<i>For completion by Bechtel Benefits Administration staff only</i>
Rate change effective from:

Bechtel International Staff Retirement Plan (BISRP) Contribution rate change form

For more information on BISRP please take a look at Zurich's information website. The website contains a range of videos, tools and other support material designed specifically for your needs. Web link: www.ziainfosite.com/bisrp1898

To change your BISRP contribution rate or to cancel your participation, please send this completed form to:
Bechtel Benefits Administration, P.O. Box 7700, Glendale, AZ 85312-7700, USA. You may also send the form by email to bisrp@bechtel.com or by fax to **602-368-3361**.

1. Personal information

Title: <small>Mr/Mrs/Miss</small>	Surname:	First name:
Address:		
Date of birth: <small>(DAY/MONTH/YEAR)</small>	Employee number:	Date continuous service began: <small>(DAY/MONTH/YEAR)</small>

2. Contributions

You may contribute between 1% to 85% of your base earnings. Contributions are calculated on your base earnings per pay period and deducted on an after-tax basis. The company shall immediately match the first 6% of your contributions. You will be fully entitled to receive matched contributions following the completion of one year's service at Bechtel. To adjust your contributions, please enter a percentage in the following box. To stop making contributions to the BISRP, please tick the *Cancel contributions to my account* option. If you stop contributing to the BISRP, the company will also cease to match your contributions.

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	Cancel contributions to my account
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3. Signature and authorisation

I hereby authorise the salary deductions indicated in section 2 of this form and agree to comply with the terms and conditions of the Bechtel International Staff Retirement Plan. I understand that my selection shall come into effect once Bechtel Benefits Administration has received and processed my completed form and I also understand that this selection with regard to my contributions shall remain in force until I complete and send a new contribution rate change form to Bechtel Benefits Administration.

Signed:	Date: <small>(DAY/MONTH/YEAR)</small>
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