

UBS Benefit Program Beneficiary Designation Form

Use this form to name the person(s) who should receive benefits if you die. Benefits are paid to your primary beneficiary; if this person dies before you or cannot be located, then benefits are paid to your contingent beneficiary. Use a ballpoint pen and please print clearly.

Be sure to sign and date the form in the "Your Authorization" section. Return the form to the UBS Benefits Department. If you need more room to designate primary or contingent beneficiary(ies), please attach a separate sheet of paper and write the words "see attachment" in the applicable section.

About Yo	ou		
	Name:		
	Social Security Number:		
	Location:		
Your Ben	eficiary Designation		
	and Business Travel Accident Insu UBS automatically at no cost to yobeneficiary for all plans, complete section. Then, for the other plans as Basic Life Insurance Plan."	emberment (AD&D) Insurance Plan, rance Plan which are provided by ou. If you want to name the same the "Basic Life Insurance Plan"	If you want to name more than one primary or contingent beneficiary, leave the "Primary Beneficiary" and "Contingent Beneficiary" sections of the applicable plan blank and attach a separate sheet of paper indicating your designation and the amount or percentage each beneficiary should receive, and check the box below.
	— Beneficially Designation Atta		
	Basic Life Insurance Plan	Primary Beneficiary	Contingent Beneficiary
	(provided by UBS at no cost to you)	Name: Address:	Name: Address:
		Social Security Number:	Social Security Number:
		Date of Birth:	Date of Birth:
		Relationship to You:	Relationship to You:
	Optional Life Insurance Plan	Name:	Name:
	Same as Basic Life	Address:	Address:
	Insurance Plan		
		Social Security Number:	Social Security Number:
		Date of Birth:	Date of Birth:
		Relationship to You:	Relationship to You:
	Basic AD&D Insurance Plan	Name:	Name:
	(provided by UBS at no cost to you)	Address:	Address:
	Same as Basic Life		
	Insurance Plan		e de la
		Social Security Number:	Social Security Number:
		Date of Birth:	Date of Birth:
		Relationship to You:	Relationship to You:

	Primary Beneficiary	Contingent Beneficiary	
Supplemental AD&D Insurance Plan	Name:	Name:	
	Address:	Address:	
Same as Basic Life Insurance Plan			
	Social Security Number:	Social Security Number:	
	Date of Birth:	Date of Birth:	
	Relationship to You:	Relationship to You:	
Business Travel Accident Insurance Plan (provided by UBS at no cost to you)	Name:	Name:	
	Address:	Address:	
Same as Basic Life Insurance Plan			
	Social Security Number:	Social Security Number:	
	Date of Birth:	Date of Birth:	
	Relationship to You:	Relationship to You:	
Long Term Disability	Name:	Name:	
Long Term Disability Same as Basic Life Insurance Plan	Address:	Address:	
	Social Security Number:	Social Security Number:	
	Date of Birth:	Date of Birth:	
	Relationship to You:	Relationship to You:	

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You must designate your beneficiaries for the UBS Pension Plan and UBS Savings and Investment Plan (SIP) online through the Your Benefits Resources™ Web site at www.resources.hewitt.com/ubs.

Your Authorization

I understand that by signing and submitting this form, I am authorizing the beneficiary(ies) listed above to receive any benefits that may be payable upon my death.

This designation supercedes any previous beneficiary designation for the above plans. This beneficiary designation form is not valid unless you sign and date this form below.

Your Signature:

Date:

Return to: UBS AG—Interoffice Mail, Human Resources Department, STM-11-N, Attn: Benefits Department.

UBS AG, Attn: Benefits Department, 11th Floor, 677 Washington Boulevard, Stamford, Connecticut 06901.