## American Airlines, Inc.

## Enhanced Pre-Retirement Survivor Annuity Retirement Benefit Plan of American Airlines, Inc. for Employees Represented by the Transport Workers Union (TWU) of America, AFL-CIO

Employee Number:	Social Securit	y Number:	
Employee Name:			
benefit for your spouse thromarried at least one year at your surviving spouse a life Annuity based on your accru	ough a Qualified Pre-Retirement the time of your death, and you time monthly benefit equal to the ded benefit at the time of your death.	t, the Plan automatically provides a pre-reting Survivor Annuity (QPSA) if you are vest have not waived the QPSA coverage. The he surviving spouse's portion of a 50% Jonath. In lieu of the QPSA benefit automatical response with a greater lifetime monthly benefit	sted, have been QPSA provides pint & Survivor ally provided by
benefit received by your spo the chart below. The reducti elect upon retirement. It will	use, based on the number of mon on will be applied to your accru be cumulative for each month tha est Retirement Age under the Pla	of your retirement benefit, or if you die befiths this coverage was in effect. The charges ed retirement benefit regardless of the formit you are covered. There is no charge for this in. The coverage is automatically in effect a	are reflected in n of benefit you s coverage once
Attained A	ge at Time Coverage is in Effe	et Annual Reduction	
	Under 35	no charge	
	35-44	.02%	
	45-49	.05%	
	50-54	.15%	
	55-59*	.40%	
	60-64*	.60%	
	65 and over	no charge	
55 with 15 years of 1		Earliest Retirement Age under the Plan which is at least age th 10 years of Retirement Eligibility Service or, if you are vice.	
		nnuity benefit to be provided for my survi	ving spouse, if
66 2/3 %	75%	100%	
Spouse Name:			
Spouse Social Security Numl	oer:	Marriage Date:	



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I understand that I have elected a benefit for my spouse, if eligible, that is greater than the QPSA benefit automatically provided by the Plan. The Enhanced Pre-Retirement Survivor benefit shall be payable to my surviving spouse, if eligible, in the event of my death prior to commencing my pension benefit. Once my benefit commencement date has passed, this election is no longer valid. In addition, I understand that this election will cancel and supersede any previous election to waive the QPSA benefit. Should I wish to waive this benefit in the future, I may do so by completing the proper form and obtaining my spouse's notarized consent.

Signature of employee:	Date:
Day time phone number:	
Return the completed form to:	
•	American Airlines HR Services
	P.O. Box 9925
	Providence, RI 02940-4025

