

American Airlines, Inc.

Enhanced Pre-Retirement Survivor Annuity Retirement Benefit Plan of American Airlines, Inc. for Flight Attendants (Participants who were actively employed on or after 9/12/2001)

Employee Number: _____ Social Security Number: _____

Employee Name: _____

If you die before you begin receiving your retirement benefit, the Plan automatically provides a pre-retirement survivor benefit for your spouse through a Qualified Pre-Retirement Survivor Annuity (QPSA) if you are vested and you have been married at least one year at the time of your death. The QPSA provides your surviving spouse a lifetime monthly benefit equal to the surviving spouse's portion of a 50% Joint and Survivor Annuity based on your accrued benefit at the time of your death. In lieu of the QPSA benefit automatically provided by the Plan, you may elect an enhanced benefit that provides your spouse with a greater lifetime monthly benefit by checking one of the boxes below.

I elect the following Enhanced Pre-Retirement Survivor Annuity benefit to be provided for my surviving spouse, if eligible, in the event of my death prior to commencement of my benefit from the Plan.

66 $\frac{2}{3}$ % 75% 100%

Spouse Name: _____

Spouse Social Security Number: _____ Marriage Date: _____

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 Once my benefit commencement date has passed, this election is no longer valid. 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: _____

Daytime phone number: _____

Return the completed form to:

American Airlines HR Services
P.O. Box 9925
Providence, RI 02940-4025

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