

Please send me information about survivor benefits.

I am: a retired UCRP member

a Contingent Annuitant

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Please send this card **by February 15, 2005**, to UC HR/Benefits Retirement Administration, P.O. Box 24570, Oakland, CA 94623-1570.