

EXXONMOBIL RETIREE CLUB OF JOLIET
MEMBERSHIP APPLICATION

Please submit this completed form with payment before DECEMBER 1ST of Each Year to:

EXXONMOBIL RETIREE CLUB OF JOLIET
P.O. Box 2352, Joliet, Illinois 60434

***REQUIRED**

Membership requires retirement with full annuitant status and eligibility for all of ExxonMobil's benefit plans. A terminated employee who elected a deferred annuity is not eligible for membership.

***YEAR RETIRED:** _____ ***FROM** (*Location/Refinery/Business*): _____

***COMPANY** (*Check One*): **EXXON** ☐ **MOBIL** ☐ **EXXONMOBIL** ☐

***TYPE OF MEMBERSHIP** (*Check One*):

- ☐ **TYPE 1 – Retiree and Spouse (2 Memberships / \$20.00)**
- ☐ **TYPE 2 – Retiree Only (1 Membership / \$10.00)**
- ☐ **TYPE 3 – Spouse of a Retiree who is not a Member (1 Membership / \$10.00)**
- ☐ **TYPE 4 – Surviving Spouse of a Deceased Retiree who has not Remarried**
(1 Membership / \$10.00)
- ☐ **LIMITED ASSOCIATE – ExxonMobil, Mobil or Exxon (Pension Eligible but no**
additional benefits / \$40.00)
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☐ **NEW MEMBER:** Please provide all below information.

☐ **EXISTING MEMBER:** Please provide name(s) and any updates to below information.

***RETIREE NAME** (*Please Print*)

***DATE OF BIRTH**

***SPOUSE NAME** (*Please Print*)

***HOME PHONE NUMBER**

***EMAIL ADDRESS**

***CELLPHONE NUMBER**

***POSTAL ADDRESS**

You may belong to more than one Retiree Club. However, ExxonMobil's financial support payment for your membership is granted to only one club each calendar year.

***Are you a member of another ExxonMobil Retiree Club:**

- ☐ **NO** – Please apply ExxonMobil's financial support payment to the Retiree Club of Joliet.
- ☐ **YES** – I belong to other ExxonMobil Retiree Club(s) as follows:

Please apply ExxonMobil's financial support payment to (*Specify Club*):

***DATE:** _____ ***ELECTRONIC SIGNATURE:** _____