

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested

020094 RKDK6ATA

NELVA E BRUNSTING

13630 PINE ROCK

HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

PAY ON: 10/29/2010

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$7,037.80
VOLUNTARY SUPP	\$73.03	\$730.30
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$7,768.10
MEDICAL	\$182.40	\$1,824.00
NET PAYMENT AMOUNT	\$594.41	\$5,944.10

ROSA1295 020094 29520373083 NNNNNN NNNNNN NNNNNNNN 000001

Advice Number: 3301395730
Pay Date: 10/29/2010



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$594.41

NON-NEGOTIABLE

DEPOSIT ADVICE

P4397

BRUNSTING000452



What Your Survivors Will Need To Know

A Guide for Retirees and Employees



P4398

When you die, your family members and other survivors will need information so that they can make wise decisions at a very difficult time. That's why it is important that you take steps before your death to organize your personal and financial records.

WHAT YOU CAN DO

Plan ahead. Talk with your family and the other survivors who may have to handle your affairs. Let them know your wishes, and give them a chance to express their thoughts. ■ Your survivors should know what kind of funeral arrangements you want and whether you wish to donate any of your organs to science. Also, they should know who to advise of your death. Leave them a list of the people, organizations and publications that you would like to have notified. ■ Your family and other survivors may also need to know who to contact for legal and financial advice, particularly for guidance about federal and state estate taxes, income taxes and property ownership. And, they will need information about your personal and financial affairs, such as life insurance policies, stocks and bonds.

THIS BOOKLET CAN HELP

This booklet can help you and your survivors. It includes two *work sheets* to help you organize and record your personal and financial information. It also includes a *checklist* that your survivors can follow after you die and *other resources* that provide information about preparing for death. ■ Please take time to review the booklet and discuss it with your family. Being prepared now may help your survivors avoid anxiety, delays and expenses in the future.

The following work sheets can help you organize your personal and financial information. Use the work sheets in the manner that suits you best. If they do not include all of the information your survivors will need, attach more sheets. It may take you quite a bit of time to complete the work sheets, depending on your personal and financial circumstances.

Prepare a will

The key to good planning is carefully preparing a will. Even for modest estates, the absence of a will may cause your survivors unnecessary delays and expenses. Your survivors should know where you keep the original copy of your will. If it is in a safe deposit box, tell them the location, box number and where you keep the key.

WORK SHEET 1 — PERSONAL INFORMATION

This work sheet includes space for you to write personal information. Use the "Comments" section at the end of the work sheet for information about the location of any documents that your survivors will need. You may also wish to set up files to organize any material that supports the information in this booklet.

Name Edmer H. Brunsting
 Social Security number 282-32-8905 Date of birth 9/29/21

Chevron contacts

Retiree Benefits Services Group (retirees only) Telephone no. 1-800-888-2701

Human Resources representative (employees only)

Name _____ Telephone no. _____

Employment information

Employer's name <u>Acme Co</u>	Dates of employment <u>4/1/54</u> to <u>9/30/65</u>
<u>Gulf Oil Company</u>	<u>10/1/65</u> to <u>7/31/83</u>
<u>Inertham-Graff</u>	<u>8/1/83</u> to <u>11/30/86</u>
<u>Stubbs, Overbeck + Assoc</u>	<u>12/1/86</u> to <u>7/13/90</u>
<u>Gulf Interstate Engrs.</u>	<u>7/16/90</u> to <u>11/16/96</u>

Life insurance (other than Chevron)

Company Metropolitan Ohio State GI New Met
 Policy number _____ chev

Person to contact _____ Telephone no. _____

Location of policies _____
Foot in
Blue folder of
Insurance Policies
TOP SHelf CLOTHES closet

Will

Person to contact ~~Ed Zapp~~ dad

Company _____ Telephone no. _____

Jack Babich 850-7148
Old Vasek

Medical/dental insurance (other than Chevron)

Insuring company MEDICARE & CHEVRON - METROPOLITAN
 Person to contact _____ Telephone no. _____

Financial adviser

Company ~~MALPERS~~
 Person to contact FRED BREYTHOLDER Telephone no. ~~606-1111~~
 Location of investment records TOP FILE DRAWER

Savings/checking accounts

Institution	Location	Type of account	Account number
4 BLUE BONNET Chevron Federal Credit Union	Houston	IRA + SAVINGS	
ITax Com	West Lakes	CHECKING SAVINGS	
1st Gibraltar	Town Country	CD'S	
MALPERS		IRA'S (Mother & Dad)	
Bank of America	J+C.	checking + CD	

Note: If you have an individual retirement account (IRA), it can usually be transferred to your surviving spouse with no tax liability until the funds are withdrawn. In many states, this can be done without going through probate.

Income tax

Location of past returns and tax records BOTTOM DRAWER OF DRAWER FILE

Person who prepares tax returns E. H. BRUNSTING Rick Rikkers

Telephone no. 912 - 422 - 3374

Vehicle insurance

Vehicle _____ Person to contact _____ Telephone no. _____

~~BOTH CARS~~ DARRYL WILLIAMS STATE FARM
2000 Buick LeSabre

Home insurance

Company _____ Person to contact _____ Telephone no. _____

STATE FARM DARRYL WILLIAMS

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Credit cards

Company _____ Account number _____ Card in the name(s) of _____

~~CHEVROLET 769 836 778 48 0001 2000 000000~~

MISTAK BLUE BONNET 5430 6903 0800 2004 CB

~~VISA MARRS 11413 0401 0181 5754 EHO~~

FOLYS 175 05 8818-1 0113

DILLARDS

Safe deposit box

Location Bank of America Town & Country
~~LEWIS COMMERCIAL - WEST LAKE PARK~~ ^{Belton}

Box no. 385 Location of key(s) KEY RINGS ^{1000 Knight Avenue}

Contents: SERIES E, F & D-A BONDS - DEKINS to BUSBY
& FROM GRANDFATHERS, FATHER & MOTHER
GOLD WATCHES & RINGS
STERLING AT TIMES
EXXON, CHEVRON & OTHER SEC STOCK
& Emerald

Stocks/bonds/mutual funds

Joe + Doug Williams
~~Ed. Jones Co.~~

Broker/person to contact FARR ~~Ed. Jones Co.~~ Ed. Jones Co.

Telephone no. 713-464-6071 Account no. _____

Name of stock or bond _____ Number of shares _____

Broker/person to contact _____

Telephone no. _____ Account no. _____

Name of stock or bond _____ Number of shares _____

Broker/person to contact _____

Telephone no. _____ Account no. _____

Name of stock or bond _____ Number of shares _____

Comments

WORK SHEET 2 – FINANCIAL INFORMATION

After you die, your survivors may have to manage the household. To do this, they need to know the family's assets and liabilities, sources of income and expenses. The following work sheet should help you record this information. Depending on your personal situation, additional information may be necessary. ■ List current expenses for each category below. Columns have been provided for you to identify "Regular (fixed)" expenses and "Discretionary" expenses. Regular expenses are those that you must pay each month — such as mortgage payments, water and electricity. Discretionary expenses are items such as gifts, entertainment or charities. Providing a good record of current expenses should help your survivors determine how those expenses might change. ■ In the "Comments" section at the end of this work sheet, you may wish to provide more information about expenses. Think about the things you and other family members do and how those tasks would have to be handled. For example, if a surviving spouse must maintain a large yard, a future expense could be a gardening service. Other examples might include a housekeeper, tax preparer, lawyer and carpenter.

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Annual expenses

	<u>Regular (fixed)</u>	<u>Discretionary</u>
Food and clothing	\$ _____	\$ _____
Housing		
Mortgage/rent	NONE	_____
Home equity loan	NONE	_____
Utilities	_____	_____
Others	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREE/EMPLOYEE WORK SHEETS

Medical/dental insurance

Medical or dental costs
not paid by insurance,
including premiums

\$ Dental \$ _____

Household equipment and repairs

Transportation

Gas and oil

Insurance and license

Repairs and tires

Books, stamps, cards, etc.

Gifts

Pets

Dining out

Miscellaneous entertainment

Charity

Savings/investments

Home insurance

Property taxes

Life insurance

Income tax

Travel

Large expenses

Other items and expenses

Net worth

Show all assets and liabilities below. Then, estimate your "net worth" — that is, the amount of money you would have if all of your debts were paid and all of your assets were sold. ■ Liquid assets are cash and those that can be converted to cash quickly — for example, stocks or bonds. Other assets, such as your home or vehicles, cannot necessarily be disposed of quickly to generate cash. Liabilities include debt on assets, such as your home. Loan payments include loans for vehicles, personal lines of credit and so on. Other liabilities include items such as credit card balances.

Liquid assets

Checking accounts

\$ 500

Savings accounts

60000

Stocks and bonds

50000

Other assets

Home

Vehicles

Furnishings

Jewelry

Other real estate

Total assets

A

Liabilities

Home mortgage

NONE

Loan payments

Other liabilities

Total liabilities

B 0

Net worth — subtract B from A

10000

Add life insurance (death benefits)

2000

Total net worth

P4408

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RETIREE/EMPLOYEE WORK SHEETS

Income

In this section, show current sources of income — such as income from a job or pension. Also, show sources of income if you (or your spouse) were to die.

	Current sources of income		Sources of income at death of retiree/employee	
	<i>Yourself</i>	<i>Your spouse</i>	<i>Yourself</i>	<i>Your spouse</i>
Job				
Social Security	✓	✓		✓
Chevron Retirement Plan	✓	✓		✓
Investments	✓	✓		✓
Rentals	✓	✓		✓
Life insurance				✓
Others				

Comments

SURVIVOR'S CHECKLIST

If you are a survivor, you will have some responsibilities immediately after a death and other responsibilities within a few weeks. This checklist is a guide to help you get started. You may have additional responsibilities, depending on your personal circumstances.

You should immediately:

- Notify relatives and friends.
- Make funeral arrangements. Many funeral directors allow you to assign part of your life insurance benefits to them to cover expenses. If assignment is permitted, the funeral director should be able to provide you with the necessary forms. *Balance used vs way pay cash after funeral*
- Notify Chevron. See Page 13 for more information.
- Decide where to print obituary notices. Consider local newspapers, hometown newspapers, schools and professional organizations. *ACS & MCHRE*
- Get approximately 10-20 certified copies of the death certificate from the funeral home. (If you have only a few bank and investment accounts, 10 copies may be enough.)
- Open a checking account in your name if you don't have one.

Then, you should:

- Put all joint checking and savings accounts in your name only.
- Set up a separate bank account to handle money from the estate.
- Check the safe deposit box for a will or life insurance policies. Arrange for another safe deposit box for yourself.
- Review any homeowner and vehicle insurance policies.
- Notify life insurance companies.
- Check with former employers (other than Chevron) for any benefits that may be due. *Deer Men. Mutual Ins.*
- Select a lawyer to file the will and help in other matters.
- Select an accountant to handle taxes. *Rach Rubens?*
- Select a financial adviser if you don't have one. *why?*
- Transfer the ownership of the deceased's home, other real estate and vehicles. *taken care of in will / Don't change*
- Contact credit card companies for any other insurance that may be payable; this is particularly important if the death was accidental or occurred while traveling.

P4410

BRUNSTING000667

SURVIVOR'S CHECKLIST

- Cancel all credit cards and have them reissued in your name only; notify other creditors such as banks and credit unions.
- Contact a broker about registering stocks (other than Chevron stock) and other securities.
- Check U.S. Savings Bonds and transfer ownership. *J. Pay*
- Contact the Social Security Administration and apply for survivor benefits. Telephone number of local office _____
- Contact the Veterans Administration if the retiree or employee served in the armed forces.
- File for Workers' Compensation benefits if the employee's death was work-related.
- Change the name on all utility bills.
- Change the telephone listing. For your protection, you may want to use your initials — instead of your first name.
- Revise your will, and consider making your own funeral arrangements. *not necessary*

Notifying Chevron

Survivors should immediately notify Chevron when a retiree or employee dies. Survivors of retirees should call the Retiree Benefits Services Group at 1-800-888-2701. Survivors of employees should call the local Human Resources office:

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Name of Human Resources representative _____ Telephone no. _____

Chevron will need the following information:

Retiree/employee name _____

Social Security number *282-32-8905* Date of death _____

Name of surviving spouse or beneficiary _____

Social Security number *481-30-* Telephone no. _____

Address _____

After you notify Chevron, a company representative will contact you as soon as possible. He or she will explain any benefits and help file any required forms. The representative should discuss the following points, if they apply:

- life insurance benefits;

SURVIVOR'S CHECKLIST

- benefits from the Chevron Retirement or Profit Sharing/Savings plans or one of the plans that preceded them, and benefits payable from any other plans. *NONE*
- health care coverage (Survivors may continue coverage if they are members of the *Continued* Chevron Medical Plan, Chevron Medical Choice Plan, Chevron Dental Plan, CIGNA Dental Care or a participating health maintenance organization. Chevron may continue to pay a portion of the cost.);
- transferring the registration of Chevron stock;
- continuing to use the Chevron National Travel Card.

Be cautious

If you are a survivor, you may want to postpone major decisions until you recover from your loss. You should carefully consider actions such as selling property, signing contracts or buying major items. Look at your long-term needs before you make any decisions, and obtain professional advice when you need it.

OTHER RESOURCES

This booklet summarizes some of the information you should know about preparing for death. Many other resources are available, and you should also use them. Check with your local library, lawyer, accountant or financial adviser. In addition, you may want to contact:

- Chevron's Retiree Benefits Services Group at 1-800-888-2701 — for information about Chevron benefits;
- Chairperson, Benefits Committee, Chevron Retirees Association;
- American Association of Retired Persons (AARP), 1909 K St., N.W., Washington, DC 20049 (for a brochure called "Final Details");
- American Bar Association, 1155 East 60th St., Chicago, IL 60637;
- American Institute of Certified Public Accountants, 1211 Avenue of the Americas, New York City, NY 10036 (professional society of accountants certified by states and territories);
- Institute of Certified Financial Planners, 3443 South Galena, Suite 190, Denver, CO 80231;
- Investors Service Bureau, New York Stock Exchange, 11 Wall St., New York City, NY 10005 (for a brochure called "How to Get Help When You Invest" and an investor's kit).

This booklet is intended as a guide for planning for death. It does not include all of the information that you or your survivors should consider. Additionally, the booklet is designed for a typical person and may not be appropriate for your personal and financial circumstances. You should consult a lawyer, accountant or financial adviser, as appropriate.

What Your Survivors Will Need To Know was prepared by Chevron's Benefits Staff: Susan E. Forrest, Assistant Manager — Welfare Plans. Design and typesetting services were provided by General Services.

Special thanks to Al Aldinger and James Bockman of the Chevron Retirees Association for their research and help in preparing the booklet. Also, special thanks to the publishers of *A Survival Kit for Wives* by Don and Renee Martin, Villard Books, New York, 1986, for checklist ideas and information about other resources.

P4415 GO 1483
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BRUNSTING000672

August - 2000

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1
5/26/00
MCP

2008 Emerson Pension
+ 2009 - 2010

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PO BOX 436
LITTLE FALLS NJ 07424



3300489810 _____
Page 1 of 1 _____

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HOUSTON TX 77079-5914

0036553 T2

FOR INFORMATION CALL
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PAY ON: 01/31/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

FEDERAL AND STATE TAX
TABLES HAVE BEEN UPDATED
FOR TAX YEAR 2008.
WITHHOLDINGS MAY DIFFER
FROM PAST PAYMENTS.

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$1,407.55
VOLUNTARY SUPP	\$146.05	\$146.05
GROSS BENEFIT	\$1,553.60	\$1,553.60
OTHER RETIREE LIFE	\$8.50	\$8.50
MEDICAL	\$343.20	\$343.20
GULF RETIREE VGAI	\$1.05	\$1.05
NET PAYMENT AMOUNT	\$1,200.85	\$1,200.85

Advice Number: 3300489810
Pay Date: 01/31/2008



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4417

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3300517363

Page 1 of 1



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PAY ON: 02/29/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$2,815.10
VOLUNTARY SUPP	\$146.05	\$292.10
GROSS BENEFIT	\$1,553.60	\$3,107.20
OTHER RETIREE LIFE	\$8.50	\$17.00
MEDICAL	\$343.20	\$686.40
GULF RETIREE VGAI	\$1.05	\$2.10
NET PAYMENT AMOUNT	\$1,200.85	\$2,401.70



Advice Number: 3300517363
Pay Date: 02/29/2008

Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4418

BRUNSTING000675



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LITTLE FALLS NJ 07424



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0029364

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13630 PINE ROCK
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**FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR**



PAY ON: 03/31/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$4,222.65
VOLUNTARY SUPP	\$146.05	\$438.15
GROSS BENEFIT	\$1,553.60	\$4,660.80
OTHER RETIREE LIFE	\$8.50	\$25.50
MEDICAL	\$343.20	\$1,029.60
GULF RETIREE VGAI	\$1.05	\$3.15
NET PAYMENT AMOUNT	\$1,200.85	\$3,602.55

Advice Number: 3300544901
Pay Date: 03/31/2008



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4419

BRUNSTING000676



HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
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3300599990
Page 1 of 1



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0036418

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HOUSTON TX 77079-5914

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PAY ON: 05/30/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$7,037.75
VOLUNTARY SUPP	\$146.05	\$730.25
GROSS BENEFIT	\$1,553.60	\$7,768.00
OTHER RETIREE LIFE	\$8.50	\$42.50
MEDICAL	\$343.20	\$1,716.00
GULF RETIREE VGAI	\$1.05	\$5.25
NET PAYMENT AMOUNT	\$1,200.85	\$6,004.25

Advice Number: 3300599990
Pay Date: 05/30/2008



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4420

BRUNSTING000677



HUMAN RESOURCES
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3300627534
Page 1 of 1



Return Service Requested

0028116

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

**FOR INFORMATION CALL
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PAY ON: 06/30/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$8,445.30
VOLUNTARY SUPP	\$146.05	\$876.30
GROSS BENEFIT	\$1,553.60	\$9,321.60
OTHER RETIREE LIFE	\$8.50	\$51.00
MEDICAL	\$343.20	\$2,059.20
GULF RETIREE VGAI	\$1.05	\$6.30
NET PAYMENT AMOUNT	\$1,200.85	\$7,205.10

Advice Number: 3300627534
Pay Date: 06/30/2008



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4421

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PAY ON: 07/31/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$9,852.85
VOLUNTARY SUPP	\$146.05	\$1,022.35
GROSS BENEFIT	\$1,553.60	\$10,875.20
OTHER RETIREE LIFE	\$8.50	\$59.50
MEDICAL	\$343.20	\$2,402.40
GULF RETIREE VGAI	\$1.05	\$7.35
NET PAYMENT AMOUNT	\$1,200.85	\$8,405.95

Advice Number: 3300655050
Pay Date: 07/31/2008



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

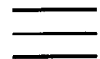
DEPOSIT ADVICE

NON-NEGOTIABLE

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PAY ON: 08/29/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$11,260.40
VOLUNTARY SUPP	\$146.05	\$1,168.40
GROSS BENEFIT	\$1,553.60	\$12,428.80
OTHER RETIREE LIFE	\$8.50	\$68.00
MEDICAL	\$343.20	\$2,745.60
GULF RETIREE VGAI	\$1.05	\$8.40
NET PAYMENT AMOUNT	\$1,200.85	\$9,606.80

Advice Number:
Pay Date: 08/29/2008



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4423

BRUNSTING000680



HUMAN RESOURCES
SERVICE CENTER
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3300737481

Page 1 of 1



Return Service Requested

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

0031762

**FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
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PAY ON: 10/31/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$14,075.50
VOLUNTARY SUPP	\$146.05	\$1,460.50
GROSS BENEFIT	\$1,553.60	\$15,536.00
OTHER RETIREE LIFE	\$8.50	\$85.00
MEDICAL	\$343.20	\$3,432.00
GULF RETIREE VGAI	\$1.05	\$10.50
NET PAYMENT AMOUNT	\$1,200.85	\$12,008.50

Advice Number: 3300737481
Pay Date: 10/31/2008



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4424

BRUNSTING000681



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3300764932
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0032863

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HOUSTON TX 77079-5914

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HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR**



PAY ON: 11/28/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$15,483.05
VOLUNTARY SUPP	\$146.05	\$1,606.55
GROSS BENEFIT	\$1,553.60	\$17,089.60
OTHER RETIREE LIFE	\$8.50	\$93.50
MEDICAL	\$343.20	\$3,775.20
GULF RETIREE VGAI	\$1.05	\$11.55
NET PAYMENT AMOUNT	\$1,200.85	\$13,209.35



Advice Number: 3300764932
Pay Date: 11/28/2008

Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4425

BRUNSTING000682



HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS NJ 07424

Return Service Requested

0023970

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

**FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR**



PAY ON: 12/31/2008

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$16,890.60
VOLUNTARY SUPP	\$146.05	\$1,752.60
GROSS BENEFIT	\$1,553.60	\$18,643.20
OTHER RETIREE LIFE	\$8.50	\$102.00
MEDICAL	\$343.20	\$4,118.40
GULF RETIREE VGAI	\$1.05	\$12.60
NET PAYMENT AMOUNT	\$1,200.85	\$14,410.20



**Advice Number: 3300792385
Pay Date: 12/31/2008**

Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,200.85

DEPOSIT ADVICE

NON-NEGOTIABLE

P4426

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



018396 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 12/31/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$5,630.24
VOLUNTARY SUPP	\$73.03	\$584.24
INTEREST ADJUST		\$32.30
GROSS BENEFIT	\$776.81	\$6,246.78
MEDICAL	\$175.30	\$175.30
NET PAYMENT AMOUNT	\$601.51	\$6,071.48

RD6A1357 018396 357205201083 NNNNNN NNNNN NNNNN NNNNN NNNNN 000001

Advice Number: 3301121638
Pay Date: 12/31/2009



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$601.51

NON-NEGOTIABLE

DEPOSIT ADVICE

P4427

BRUNSTING000684

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



020992 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



RD6A1327 020992 327200715063 NNNNN NNNNNN NNNNNNNN 000001

PAY ON: 11/30/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$4,926.46
VOLUNTARY SUPP	\$73.03	\$511.21
INTEREST ADJUST		\$32.30
GROSS BENEFIT	\$776.81	\$5,469.97
NET PAYMENT AMOUNT	\$776.81	\$5,469.97

Advice Number: 3301094201
Pay Date: 11/30/2009



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$776.81

NON-NEGOTIABLE

DEPOSIT ADVICE

P4428

BRUNSTING000685

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



018082 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



ROBA1296 018082 285200647083 NNNNN NNNNN NNNNNNNN 000001

PAY ON: 10/30/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$4,222.68
VOLUNTARY SUPP	\$73.03	\$438.18
INTEREST ADJUST		\$32.30
GROSS BENEFIT	\$776.81	\$4,693.16
NET PAYMENT AMOUNT	\$776.81	\$4,693.16

Advice Number: 3301066744
Pay Date: 10/30/2009



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$776.81

NON-NEGOTIABLE

DEPOSIT ADVICE

P4429

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested

046633 RKDK5ATD
ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

*500.00
282-32-8905*



ROSA175 046633 17512828053 NNNNN NNNNN NNNNN NNNNN NNNNN 00001

PAY ON: 06/30/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

*Chevron Medical Health Plan
1-800-835-5247*

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$8,445.30
VOLUNTARY SUPP	\$146.05	\$876.30
GROSS BENEFIT	\$1,553.60	\$9,321.60
OTHER RETIREE LIFE	\$8.50	\$51.00
MEDICAL	\$350.60	\$2,103.60
GULF RETIREE VGAI	\$1.05	\$6.30
NET PAYMENT AMOUNT	\$1,193.45	\$7,160.70

*\$ 175.00
360.15
3*

Advice Number: 3300956916
Pay Date: 06/30/2009



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,193.45

NON-NEGOTIABLE

DEPOSIT ADVICE

P4430

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



3300984365

Page 1 of 1

Return Service Requested



018198 RKDK6ATA
ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



RD6A1205 018198 205200459083 NNNNN NNNNN NNNNNNNN 000001

PAY ON: 07/31/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$9,852.85
VOLUNTARY SUPP	\$146.05	\$1,022.35
GROSS BENEFIT	\$1,553.60	\$10,875.20
OTHER RETIREE LIFE	\$8.50	\$59.50
MEDICAL	\$350.60	\$2,454.20
GULF RETIREE VGAI	\$1.05	\$7.35
NET PAYMENT AMOUNT	\$1,193.45	\$8,354.15

Advice Number: 3300984365
Pay Date: 07/31/2009



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,193.45

NON-NEGOTIABLE

DEPOSIT ADVICE

P4431

BRUNSTING000688

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested

018306 RKDK6ATA
ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 04/30/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$5,630.20
VOLUNTARY SUPP	\$146.05	\$584.20
GROSS BENEFIT	\$1,553.60	\$6,214.40
OTHER RETIREE LIFE	\$8.50	\$34.00
MEDICAL	\$350.60	\$1,402.40
GULF RETIREE VGAI	\$1.05	\$4.20
NET PAYMENT AMOUNT	\$1,193.45	\$4,773.80

RD8A113 078306 11320841083 NNNNNN NNNNNN NNNNNNNN 000001

Advice Number: 3300902044
Pay Date: 04/30/2009



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,193.45

NON-NEGOTIABLE

DEPOSIT ADVICE

P4432

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



3300874614

Page 1 of 1

Return Service Requested

010119 RKDK6ATA



ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 03/31/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$4,222.65
VOLUNTARY SUPP	\$146.05	\$438.15
GROSS BENEFIT	\$1,553.60	\$4,660.80
OTHER RETIREE LIFE	\$8.50	\$25.50
MEDICAL	\$350.60	\$1,051.80
GULF RETIREE VGAI	\$1.05	\$3.15
NET PAYMENT AMOUNT	\$1,193.45	\$3,580.35

CHANGES IN FEDERAL INCOME
TAX TABLES MAY CAUSE
CHANGES IN YOUR TAX
DEDUCTIONS.

RO6A1084 010119 084180332053 NNYNN NNNNN NNNNNNNNN 000001

Advice Number: 3300874614
Pay Date: 03/31/2009



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,193.45

NON-NEGOTIABLE

DEPOSIT ADVICE

P4433

BRUNSTING000690

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested

010314 RKDA6TTA
ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR

PAY ON: 02/27/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$2,815.10
VOLUNTARY SUPP	\$146.05	\$292.10
GROSS BENEFIT	\$1,553.60	\$3,107.20
OTHER RETIREE LIFE	\$8.50	\$17.00
MEDICAL	\$350.60	\$701.20
GULF RETIREE VGAI	\$1.05	\$2.10
NET PAYMENT AMOUNT	\$1,193.45	\$2,386.90

RDABT054 010314 054195518093 NNNNN NNNNN NNNNN NNNNN NNNNN 000001

Advice Number: 3300847200
Pay Date: 02/27/2009



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,193.45

NON-NEGOTIABLE

DEPOSIT ADVICE

P4434

BRUNSTING000691

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



3300819814

Page 1 of 1

Return Service Requested



017907 RKDA6TTA
ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 01/30/2009

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
ELMER H BRUNSTING
83 028835100
8905 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$1,407.55	\$1,407.55
VOLUNTARY SUPP	\$146.05	\$146.05
GROSS BENEFIT	\$1,553.60	\$1,553.60
OTHER RETIREE LIFE	\$8.50	\$8.50
MEDICAL	\$350.60	\$350.60
GULF RETIREE VGAI	\$1.05	\$1.05
NET PAYMENT AMOUNT	\$1,193.45	\$1,193.45

FEDERAL AND STATE TAX
TABLES HAVE BEEN UPDATED
FOR TAX YEAR 2009.
WITHHOLDINGS MAY DIFFER
FROM PAST PAYMENTS.

RDA6T023 017907 023195200053 NNNNN NNNNN NNNNN NNN 000001

Advice Number: 3300819814
Pay Date: 01/30/2009



Deposited to the Account of:	Bank R/T Number	Amount
ELMER H BRUNSTING	31109312	\$1,193.45

NON-NEGOTIABLE

DEPOSIT ADVICE

P4435

BRUNSTING000692

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

Great Lakes Program Service Center
600 West Madison Street
Chicago, Illinois 60661-2474
Date: January 12, 2011
Claim Number: 282-32-8905D



005231 1 MB 0.382 0020 LTN T24 PC4 0105



NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914

As you requested, beginning January 2011 any Social Security payments will be sent to

- the financial institution you selected; or
- the new account you selected at the same financial institution.

In order for us to send letters to you, please let us know if your address changes.

What We Will Pay And When

- You will receive \$1,780.00 for January 2011 around February 3, 2011.
- After that you will receive \$1,780.00 on or about the third of each month.

If You Change Your Account

Please tell us if you change the financial institution or account where your payments are going. Also, you should keep the old account open until the first benefit payment is credited to your new account. It usually takes 1 to 2 months to process the change.

1010EFHAG00014*NOTAF*P*33*PBTRRNOT*PC4R110105*PAM

00000000

002801063561247323672079391430



If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-591-7734. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
10703 STANCLIFF RD
HOUSTON, TX 77099

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Phyllis M. Smith

Phyllis M. Smith
Assistant Regional Commissioner
Processing Center Operations



P4437

BRUNSTING000694

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



056536 RKDK5ATC
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 11/30/2010

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$7,741.58
VOLUNTARY SUPP	\$73.03	\$803.33
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$8,544.91
MEDICAL	\$182.40	\$2,006.40
NET PAYMENT AMOUNT	\$594.41	\$6,538.51

R05A1327 056536 327183201053 NNNNN NNNNN NNNNNNNN 000001

Advice Number: 3301423163
Pay Date: 11/30/2010



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$594.41

NON-NEGOTIABLE

DEPOSIT ADVICE

P4438

BRUNSTING000695

P4439

BRUNSTING000696

Date: September 28, 2010

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your October annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

P4440

Date: December 28, 2009

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your January annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

John Deere - MINN LIFE 2005
John Manbeck - 300 ~~2005~~ 06

P4442

BRUNSTING000711



ADDRESS CHANGE FORM
(please print clearly)

NAME _____
STREET _____ APT# _____
CITY _____ ST _____ ZIP CODE _____
TELEPHONE# (____) _____
MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) (DATE)

7076 10001 XXXXX8905 201 101

GROSS AMOUNT	30.40
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00
TOTAL DEDUCTIONS	0.00
NET AMOUNT	30.40
TAX REPORTING	AMOUNT
TAXABLE AMT	30.40

DIRECT DEPOSIT ENROLLMENT FORM
(please print clearly)

NAME _____
BANK NAME _____
BANK MAILING ADDRESS _____
CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account
 CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)
ABA #

(SIGNATURE) (JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company (U.S.A.) to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 06/30/2011 CHECK NUMBER GB7-001725910

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

PO BOX 9512
PORTSMOUTH, NH 03802-9512

P4443

BRUNSTING000712

3944340

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

If Federal Income Taxes are not being withheld from your payment because you have elected not to have withholding apply and if you wish to revoke that election and have Federal Income Taxes withheld from your payments, please let us know.

Payments made to United States citizens and delivered to an address outside the United States may be subject to federal withholding tax. The recipient is not allowed to elect out of federal tax withholding. Unless there is an election on file, the standard withholding amount for periodic payments is based on married with three withholding allowances. Generally, payments made to Non-Resident Aliens are subject to a 30% United States federal tax withholding. To the extent that some non-resident aliens are resident in countries that have reduced withholding rates pursuant to tax treaties with the United States, lower withholding rates would be applied. In order to withhold taxes at a lower rate, we must have a valid W8-BEN form on file for the person or entity to which the payment was made. Failure to complete a valid W8-BEN will result in a 30% tax withholding from the payment.

P4444

BRUNSTING000713

DR8042
HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



3301450556
Page 1 of 1

14,207

Return Service Requested



007104 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 12/31/2010

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$8,445.36
VOLUNTARY SUPP	\$73.03	\$876.36
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$9,321.72
MEDICAL	\$182.40	\$2,188.80
NET PAYMENT AMOUNT	\$594.41	\$7,132.92

ROBATS58 007104 3582045053 NNNNN NNNNN NNNNNNNN 000001

Advice Number: 3301450556
Pay Date: 12/31/2010



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$594.41

NON-NEGOTIABLE

DEPOSIT ADVICE

P4445

BRUNSTING000714

P4446

BRUNSTING000715

▲
LIFT TO OPEN

IMPORTANT SOCIAL SECURITY INFORMATION



www.socialsecurity.gov

GPO U.S. GOVERNMENT PRINTING OFFICE : 2010-357-059



Printed on recycled paper

Form SSA-4926-SM (1-2011)

CU1493264-1C111493712

P4447

BRUNSTING000716

IMPORTANT INFORMATION

What If I Worked In 2010?

If you were “full” retirement age or older (born in 1943 or earlier) throughout the year, you may keep all of your benefits no matter how much you earn. But if you were younger than full retirement age (born in 1944 or later) at any time during the year, there is a limit to how much you can earn before your benefits are reduced.

- **If you were younger than full retirement age all year in 2010**, the earnings limit is as \$14,160. We must deduct \$1 from your benefits for each \$2 you earned over \$14,160.
- **If you reached full retirement age during 2010**, the earnings limit was \$37,680. We must deduct \$1 from your benefits for each \$3 you earned over \$37,680 until the month you turned age 66.

We paid you benefits in 2010 based on the amount of money you estimated you would make. When your employer(s) reports your actual earnings for 2010 to us, we will adjust your benefits if necessary. The earnings your employer reports are the amount that will be on the W-2(s) you will receive. If the earnings on your W-2(s) for 2010 include money you earned in another year, you should contact us before April 15 to let us know.

What If I Work In 2011?

The earnings limit for workers who are younger than “full” retirement age will remain \$14,160. The earnings limit for people turning 66 in 2011 still will be \$37,680. Your benefits will be reduced if you earn more than these limits. If you expect to earn more in 2011, you should tell us right away so we can pay you correctly. This does not mean you must try to limit your earnings. If we withhold some of your benefits because you continue to work, we will pay you a higher monthly benefit amount when you reach your full retirement age. There is no limit on earnings if you are full retirement age or older for the entire year.

What If I Also Get Supplemental Security Income (SSI)?

If you get SSI, you must call **1-800-772-1213** to report all of your earnings.

A Rule About Stepchildren

If a stepchild receives benefits based on your work and you and the stepchild’s parent divorce, you must report the divorce to us. We must stop the stepchild’s benefits the month after the divorce becomes final.

Health Insurance For Children

If you have children or grandchildren younger than age 19 who are not covered by health insurance, the Children’s Health Insurance Program may help. To find out more, visit www.insurekidsnow.gov or call, toll-free, **1-877-KIDS-NOW (1-877-543-7669)**. The number connects you to your State’s program.

Help For Elders

The Eldercare Locator is a free public service of the U.S. Administration on Aging. By calling **1-800-677-1116**, or visiting www.eldercare.gov, you can connect with a specialist in your area who can explain programs that give financial, employment, legal, and caregiving help to seniors.

Help Prevent Identity Theft

Be aware of scams through the mail, Internet, telephone, or in person. You should be careful when someone asks for personal information, including your Social Security number.

Medicare Information

The Centers for Medicare & Medicaid Services recently mailed the *Medicare & You 2011* handbook to all households with Medicare.

If you are a Medicare beneficiary with limited resources and income, you may be able to get extra help paying for your monthly premiums, deductibles, and co-payments under the prescription drug program. If you have not yet completed an *Application for Extra Help* (Form SSA-1020), you can still do so. Even if you already filed and were not eligible, you may want to apply again. Some things no longer count as resources and income. You can apply online at www.socialsecurity.gov/extrahelp or call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) and apply over the phone.

You may be able to get help from your State with other medical costs through a Medicare Savings Program. Medicare Savings Programs can help people with limited resources and income save more than \$1,100 a year by paying for their Medicare Part B premiums. In some cases, Medicare Savings Programs can help pay Medicare Part A premiums (if any) and may help with Medicare deductibles and co-payments.

You can start your application process for the Medicare Savings Programs by completing an *Application for Extra Help*. Social Security will send information to your State unless you tell us not to on the application. Then your State will contact you to help you apply. You also can contact your State, local Medicaid, or social services office to file for a Medicare Savings Program.

Since 2007, higher-income beneficiaries must pay additional Medicare Part B premiums. Beginning January 1, 2011, higher-income beneficiaries will pay higher Medicare prescription drug plan premiums, as well. This is called the income-related monthly adjustment amount (IRMAA). However, fewer than 5 percent of Medicare beneficiaries will pay a higher premium.

If you are one of these higher-income beneficiaries, the additional amount of your Medicare prescription drug plan premium will be tied to the base beneficiary premium, not your own premium amount. We will deduct the additional amount from your monthly Social Security benefits regardless of how you ordinarily pay your monthly premiums. If the extra amount is more than the amount of your Social Security payment, you will get a separate bill from another Federal agency.

If you have questions about IRMAA, Medicare eligibility, or how to enroll for Medicare, go online to www.socialsecurity.gov or contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**, if you are deaf or hard of hearing). For all other Medicare information, including coverage and billing, visit www.medicare.gov or call **1-800-MEDICARE (1-800-633-4227)** or TTY **1-877-486-2048**. You also can request information from your State Health Insurance Assistance Program (SHIP). Your local SHIP phone number is in the back of your *Medicare & You 2011* handbook, or you can call **1-800-MEDICARE** for the number.



Michael J. Astrue
Commissioner



Your Benefit Amount

1493712

BENEFICIARY'S NAME: NELVA E BRUNSTING

Your Social Security benefits are protected against inflation. By law, they increase when there is a rise in the cost of living. The government measures changes in the cost of living through the Department of Labor's Consumer Price Index (CPI). The CPI has not risen since the last cost-of-living adjustment was determined in 2008. As a result, your benefits will not increase in 2011.

Please review the other important information in this mailing. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,876.50
- The amount we deduct for Medicare medical insurance is \$96.50
(If you did not have Medicare as of Nov. 18, 2010,
or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare prescription drug plan is \$0.00
(If you did not elect withholding as of Nov. 1, 2010, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of
Nov. 18, 2010, we show \$0.00.)
- After taking any other deductions, we will deposit \$1,780.00
into your bank account on Jan. 3, 2011.

What If I Have Questions?

Please visit our website at www.socialsecurity.gov for more information and a variety of online services. You also can call **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, **1-800-325-0778**. If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

10703 STANCLIFF RD
HOUSTON TX

1493712

16 JAN

BNC#: 10B1820A91114

Over

P4450

BRUNSTING000719

LIFT TO OPEN



SOCIAL SECURITY ADMINISTRATION
GREAT LAKES PROGRAM SERVICE CENTER
PO BOX 8018
CHICAGO IL 60680-8018

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

Be sure to check out
our website: www.socialsecurity.gov

Office

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079-5914



P4451

BRUNSTING000720



ADDRESS CHANGE FORM
(please print clearly)

NAME _____
STREET _____ APT# _____
CITY _____ ST _____ ZIP CODE _____
TELEPHONE# (____) _____
MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) (DATE)

7076 10001 XXXXX8905 201 101

GROSS AMOUNT 30.40
DEDUCTIONS/CREDITS AMOUNT
FEDERAL W/H 0.00

TOTAL DEDUCTIONS 0.00
NET AMOUNT 30.40
TAX REPORTING AMOUNT
TAXABLE AMT 30.40

DIRECT DEPOSIT ENROLLMENT FORM
(please print clearly)

NAME _____
BANK NAME _____
BANK MAILING ADDRESS _____
CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) (JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company (U.S.A.) to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 10/29/2010 CHECK NUMBER GB7-001461599

ID NO. 7076 10001 XXXXX8905 201 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO. (U.S.A.)

Deposited

PO BOX 9512
PORTSMOUTH, NH 03802-9512

P4452

BRUNSTING000721

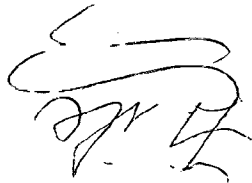
3435131

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

If Federal Income Taxes are not being withheld from your payment because you have elected not to have withholding apply and if you wish to revoke that election and have Federal Income Taxes withheld from your payments, please let us know.

Payments made to United States citizens and delivered to an address outside the United States may be subject to federal withholding tax. The recipient is not allowed to elect out of federal tax withholding. Unless there is an election on file, the standard withholding amount for periodic payments is based on married with three withholding allowances. Generally, payments made to Non-Resident Aliens are subject to a 30% United States federal tax withholding. To the extent that some non-resident aliens are resident in countries that have reduced withholding rates pursuant to tax treaties with the United States, lower withholding rates would be applied. In order to withhold taxes at a lower rate, we must have a valid W8-BEN form on file for the person or entity to which the payment was made. Failure to complete a valid W8-BEN will result in a 30% tax withholding from the payment.

A handwritten signature in black ink, appearing to be "L. H. H.", is located in the lower-middle section of the page.

P4453

BRUNSTING000722

Date: December 28, 2010

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your January annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: November 24, 2010

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your December annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: June 28, 2010

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your July annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101

This form is used to instruct Minnesota Mutual to pay retirement benefits to the participant identified below.

PLAN NAME John Deere Pension Plan		CONTRACT NUMBER 8074
PARTICIPANT Elmer Brunsting		PARTICIPANT NUMBER 3700
SOCIAL SECURITY NUMBER 282-92-8901	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH) 9-29-21
MAILING ADDRESS (Street, City, State, Zip) 13630 PINEROCK HOUSTON TX 77079		

 ANNUITY FORM
AUTOMATIC RETIREMENT ANNUITY - JOINT AND SURVIVOR

ANNUITY COMMENCEMENT DATE 10/1/86	ANNUITY AMOUNT \$ 91.74	EMPLOYEE CONTRIBUTIONS TOWARDS PENSION BENEFIT \$
BENEFICIARY NRLVA E. BRUNSTING	RELATIONSHIP TO PARTICIPANT SPOUSE	BENEFICIARY'S SOCIAL SECURITY NO. 481-30-4685

SIGNATURES ARE REQUIRED TO COMPLETE PROCESSING - SEE BELOW

COMPLETE THIS SECTION ONLY IF a Joint and Survivor or Surviving Spouse Annuity Option has been selected.

JOINT ANNUITANT'S/SPOUSE'S NAME NRLVA E. BRUNSTING		
RELATIONSHIP TO PARTICIPANT SPOUSE	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH) 10-8-26	SOCIAL SECURITY NUMBER 481-30-4685

I HEREBY CERTIFY THAT THE FORM OF PAYMENT AND THE BENEFICIARY DESIGNATION IS MY SELECTION	
SIGNATURE OF CONTRACTHOLDER'S AUTHORIZED REPRESENTATIVE AND TITLE X	DATE
SIGNATURE OF PARTICIPANT X	DATE
SIGNATURE OF JOINT ANNUITANT X	

For Home Office use only

PAYEE(S)	PLAN CODE U V R T
MATURITY VALUE \$	MORTALITY TABLE
	INTEREST RATE

 COMMENTS _____

SEND INITIAL CHECK TO:	TRANSACTION NUMBER	APPROVED BY	MEMO NUMBER
------------------------	--------------------	-------------	-------------

JOHN DEERE CHEMICAL COMPANY

W. W. YEANDLE
PRESIDENT

EXECUTIVE AND SALES OFFICES
POST OFFICE BOX 1736
TULSA 1, OKLAHOMA

February 11, 1965

TO ALL SALARIED EMPLOYEES OF
JOHN DEERE CHEMICAL COMPANY

The Company wishes to announce several important changes in benefits for salaried employees. The basic changes are outlined in this letter. More detailed information, particularly with regard to pension and insurance benefits, will be forwarded to you as soon as new certificates and booklets are printed.

New Base Salaries

New base salaries will be established by incorporating the present accumulated annual increases, along with 2-1/2% of the present 4% Cost-of-Living Allowance, into the base. The remaining 1-1/2% Cost-of-Living Allowance will be added to the new base and will result in the same gross salary as was in effect on January 31, 1965.

Cost-of-Living Allowance

Any future cost-of-living adjustments will be applied to the new Base Salary in accordance with a revised Cost-of-Living Allowance table, a copy of which is attached.

Salary Increase -- February 1, 1965

Effective February 1, 1965 salaried employees will receive an increase in the amount of 2-1/2% of the new Base Salaries.

Health and Accident Insurance

Effective February 1, 1965, a new benefit covering radiation therapy has been provided for employees and dependents. A \$300 maximum schedule applies to this benefit.

Out-patient diagnostic X-ray and laboratory benefits which apply to employees but not to dependents have been increased from \$25 to \$50, effective February 1, 1965.

The amount of reimbursement for doctors' calls, both office and home, remains unchanged. However, the maximum period for which these benefits are provided has been increased from 26 to 52 weeks per year. This change also becomes effective February 1, 1965.

P4458

BRUNSTING000727

Effective February 1, 1965, the spouse of a deceased employee or pensioner may continue the health and accident insurance coverage by payment of the full premium group rates. There are certain limitations as to the length of time that this insurance can be continued.

Effective February 1, 1965, the Company will pay the full cost of health and accident insurance for living pensioners and their dependents.

Pension Plan (Subject to approval by the Internal Revenue Service)

Effective January 1, 1965, the minimum pension amount will be increased from \$2.80 to \$4.25 per month for each year of service. This minimum will not be subject to actuarial reduction for individuals taking early retirement at age 62 or later. Any pension amount above the minimum, however, will be subject to actuarial reduction for early retirement at any time prior to age 65.

The formula for computing pensions and the 10-year minimum service requirement remain unchanged.

The 40-year-of-age eligibility requirement for deferred vested pension has been removed. Employees with 10 years or more of service credit at the time of termination will be eligible for a deferred vested pension.

The normal and mandatory retirement age will remain at 65 and 68. The minimum early retirement age will continue to be 60 years except for employees 55 years of age or over whose combined age and service total at least 85.

Disability Pensions

Employees retiring because of total and permanent disability after January 1, 1965, will receive a disability pension of \$4.25 per month per year of service credit. If they are ineligible for Social Security disability benefits, they will receive a special temporary benefit of \$5.20 per month per year of service credit up to 25 years (\$130 maximum) until age 65, election of early retirement, or eligibility for unreduced Social Security benefits, whichever is earliest.

The Supplementary Disability Pension Insurance which became effective for salaried employees on November 1, 1962 will be continued.

Life Insurance - Employees

Effective February 1, 1965, the non-contributory life insurance for employees will be revised as follows:

1. Less than one month of continuous employment -- \$1,000.
2. One month to one year -- \$6,000.
3. One year or more -- one year's earnings with a minimum of \$6,000.
4. At age 65 the life insurance of an employee continuing at work will be subject to a reduction of 2% per month to a minimum varying in accordance with service and earnings, but not less than \$1,500.

Life Insurance - Pensioners -- Effective February 1, 1965

Employees electing early retirement may continue their full amount of life insurance or any part thereof to age 65. The premium for life insurance during this period of continuance is to be paid in full by the pensioner. At age 65 the amount of life insurance continued then reduces at the rate of 2% per month as outlined in Item 4 under "Life Insurance - Employees."

Life insurance for an employee retiring at age 65 will be reduced at the rate of 2% per month as outlined in Item 4 under "Life Insurance - Employees."

Life insurance for employees retiring after age 65 will continue to be reduced at the rate of 2% per month as outlined in Item 4 under "Life Insurance - Employees."

Transition Survivor Income Benefit -- Effective February 1, 1965

The widow or certain specific survivors of a deceased employee are eligible for a benefit of \$100 per month for 24 months. This is in addition to life insurance.

Bridge Survivor Income Benefit -- Effective February 1, 1965

The widow or "dependent widower" of a deceased employee will be eligible to receive a benefit of \$100 per month which may be paid for a maximum of 10 years. This benefit is available only if the beneficiary was over 50 but under 62 years of age on the date of the employee's death. A surviving widow will not be eligible for the Bridge Benefit if she is eligible to receive Mother's Insurance Benefits under the Social Security Act. A dependent widower must have been wholly or partially dependent on the employee during the calendar year preceding the employee's death in order to receive the Bridge Benefit. This Bridge Benefit does not become payable until after 24 months of Transition Benefits have been paid, and will not be payable if the beneficiary remarries.

As indicated in the beginning of this letter, you will receive more detailed information on the Pension and Insurance Plans at a later date. In the meantime, if you have any questions concerning the benefits, please contact your supervisor or the Personnel Department.

We regret it is too late to include the indicated 2-1/2% increase in the mid-month check for February, but this will be picked up on the February 28 paycheck.

Very truly yours,

A handwritten signature in cursive script, appearing to read "W. W. Yeandle". The signature is written in dark ink and is positioned to the right of the typed name "WYeandle:fd".

WYeandle:fd

Attachment

P4461

BRUNSTING000730

Revised
BLS Consumer Price Index
(1957-59 = 100)

Revised
Cost-of-Living
Allowance

107.0 and below	0 %
107.1 - 107.6	1/2
107.7 - 108.2	1
108.3 - 108.8	1-1/2
108.9 - 109.4	2
109.5 - 110.0	2-1/2
110.1 - 110.6	3
110.7 - 111.2	3-1/2
111.3 - 111.8	4
111.9 - 112.4	4-1/2
112.5 - 113.0	5
113.1 - 113.6	5-1/2
113.7 - 114.2	6
114.3 - 114.8	6-1/2
114.9 - 115.4	7
115.5 - 116.0	7-1/2
116.1 - 116.6	8
116.7 - 117.2	8-1/2
117.3 - 117.8	9
117.9 - 118.4	9-1/2

P4462

BRUNSTING000731

JOHN DEERE CHEMICAL COMPANY

EXECUTIVE AND SALES OFFICES
POST OFFICE BOX 1736
TULSA 1, OKLAHOMA

June 10, 1965

TO ALL SALARIED EMPLOYEES

The following information concerning pensions and insurance is applicable to all individuals who were employees of the John Deere Chemical Company as of May 31, 1965:

A. PENSIONS

1. Any employee who had completed one year of continuous employment and has one year of service credit prior to June 1, 1965 and whose employment had not been terminated prior to that date shall be entitled to deferred vested pension benefits under the John Deere Death, Disability and Pension Plan in the same manner and amounts to which he would have been entitled had the Plan not required 10 years of service credit. Upon reaching age 65, the employee will be entitled to receive pension benefits determined on the basis of his anniversary years of earnings and service credit prior to June 1, 1965. The employee may elect to have his pension begin early between age 60 and age 65 on an actuarially reduced basis. At the time of application for a pension, the employee may elect a joint and survivor option.
2. The above benefits shall be provided at the option of the Company by continuation of the Trust Fund or, at a time to be determined by the Company, by the purchase of annuities from a life insurance company. If annuities are purchased, the amount of early retirement and joint and survivor benefits will be determined by the actuarial tables in use by the insurance company.
3. The implementation of the terms of Items 1 and 2 above is subject to approval by the Internal Revenue Service.
4. Each eligible employee will be notified when details of the plan have been completed and proper approvals have been received.

B. GROUP LIFE INSURANCE

Group life insurance terminates on July 1, 1965. An employee may make application to the Travelers Insurance Company before that date for conversion of his non-contributory group life insurance and the term portion of his partially contributory insurance, or any part thereof, to one of the forms of insurance issued by the Travelers Insurance Company other than term insurance. An employee will not be required to submit medical evidence of insurability, but the premium will be

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BRUNSTING000732

that normally charged for the type of policy selected and based on his attained age at the time of purchase.

Application for life insurance conversion can be made to any Travelers Insurance Company representative.

C. HEALTH AND ACCIDENT INSURANCE

Group health and accident insurance is not continued, but an individual policy may be obtained without further evidence of insurability by making application and paying the premium for such individual policy by July 1, 1965. Information as to the coverage available, the premium rates and the application form for such conversion can be obtained from Mr. K. B. Smith, John Deere Chemical Company, P.O. Box 1736, Tulsa, Oklahoma 74101.

Any questions concerning pensions or insurance may be addressed to Mr. K. B. Smith at the Tulsa office up to July 1, 1965; thereafter, they should be referred to the Deere & Company Personnel Department, John Deere Road, Moline, Illinois.

Very truly yours,



WYeandle:fd

P4464

BRUNSTING000733

Note: A copy of this may be given to employees/retirees.

Sample Option 5 Beneficiary Designations

A. Instructions for Option 5.

Please use Option 5 on the GO-395 and GO-397-D if:

- You want to combine more than one of the form's options (printed on the front of the form(s)).
- None of the printed options apply to your estate plans.

NOTE: All designations should have a contingent beneficiary.

When you have completed your designations, fill in the Beneficiary Information on the front side of the form. Make sure that this corresponds to your designations.

B. Sample Option 5 Designations.

Many important factors, such as community property rights, income taxes, gift taxes and estate tax liabilities and other factors, should be taken into consideration in choosing your beneficiary(ies). We suggest that you consult with your legal and tax advisors before submitting your designation(s). The sample beneficiary designations may not be appropriate, in your individual circumstance, to designate a beneficiary under one or more of the benefit plans.

If none of these samples fit your estate plans, please develop your own designations(s). Contact your local Human Resources Representative for assistance in filling out your form.

1. To my surviving spouse. However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, then payment is to be made in equal shares to my natural or legally adopted children (whether or not presently born) who are living on the date each payment is to be made; provided however, if any child of mine is deceased but leaves issue then living, those issue shall take, by right of representation, the share such deceased child would have taken if he or she had been living.
2. To my surviving spouse. However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, then payment is to be made to the executor(s) or administrator(s) of (my) (my spouse's) estate.
3. To my surviving spouse. However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, then payment is to be made in equal shares to those then living of my children and stepchildren named on the reverse side of this form.
4. To my surviving spouse. However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, then payment is to be made to my (brother) (sister) (friend), _____ (Name) if (he) (she) is then living.
5. To my surviving spouse. However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, then payment is to be made in equal shares to my parents, _____ (Names) if they are both then living, or all to the survivor who is then living, or if neither of my parents is then living to my (brother) (sister) (friend), _____ (Name)
6. To my surviving spouse. However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, payment shall be made in trust to the trustee(s) or successor trustee(s) of the trust created by my Last Will, but if either there is no trust so created or payment is not permitted by law to be distributed to said trustee(s), to (insert a contingent beneficiary designation, for example, 'to the executor(s) or administrator(s) of my estate' or indicate the relationship (i.e., sister, nephew, friend, etc.) and the name of a contingent beneficiary); provided however, that if before payment the Plan Administrator receives proof satisfactory to it of the termination of such trust, payment shall be made pro rata to those persons who received the remainder interest in such trust.

P4465

7. To my ex-spouse, _____ (Name), the first \$ _____ (Amount). However, if _____ (Name) dies before I do or before the date payment is to be made, the first \$ _____ (Amount) in equal shares to my natural or legally adopted children (whether or not presently born) who are living at the time each payment is made. The balance over \$ _____ (Amount) shall be paid in equal shares to my natural or legally adopted children (whether or not presently born) who are living at the time each payment is made.
8. To my ex-spouse, _____ (Name). However, if (he) (she) dies before I do or before the date payment is to be made, any remaining payments shall be paid to (his) (her) estate.
9. 50% of the benefit to my spouse, _____ (Name). However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, payment shall be made to my (brother) (sister) (friend), _____ (Name), if (he) (she) is then living.
- 50% of the benefit to my (son) (daughter) (friend), _____ (Name). However, if (he) (she) is deceased when payment is to be made, payment shall be made to (insert the name of a contingent beneficiary and indicate relationship).
10. In equal shares to my natural or legally adopted children (whether or not presently born) who are living on the date payment is to be made, or if no such child of mine is then living, to my (brother) (sister) (friend), _____ (Name) if (he) (she) is then living.
11. In equal shares to my natural or legally adopted children (whether or not presently born) who are living on the date payment is to be made; provided however, for purposes of this beneficiary designation, my child _____ (Name) shall be deemed not to be a child of mine.
12. Payment is to be made in equal shares to my parents, _____ (Names), if they are both living, or all to the survivor; or if neither of my parents is then living, in equal shares to my brothers and sisters, listed on the reverse side of this form, who are living on the date payment is to be made.
13. In trust to the trustee(s) or successor trustee(s) of the trust created by my Last Will, but if either there is no trust so created or payment is not permitted by law to be distributed to said trustee(s), to (insert a contingent beneficiary designation; for example, 'to the executor(s) or administrator(s) of my estate' or indicate the relationship (i.e., sister, nephew, friend, etc.) and the name of a contingent beneficiary); provided however, that if before the date payment is to be made the Plan Administrator receives proof satisfactory to it of the termination of such trust, payment shall be made pro rata to those persons who received the remainder interest in such trust, or to their heirs, successors or assigns.
14. In trust to _____ (Name of Bank or Individual), or the successor trustee(s) of (Name of trust, if any, and date of trust agreement or, for example, 'the trust created under that certain agreement dated _____ (month-day-year) of which I am trustor'). However, if said trust is not in existence when payment is to be made or if payment is not permitted by law to be distributed to said trustee(s), such payment shall be made to (insert a contingent beneficiary designation; for example, 'to the executor(s) or administrator(s) of my estate' or indicate the relationship (i.e., sister, nephew, friend, etc.) and the name of a contingent beneficiary).
15. Payment shall be made to _____ (Name of Organization or Charity), located at _____ (Give a specific address and tell whether it is a local, state, or national chapter). However, if this (organization)(charity) is not in existence on the date payment is to be made, then payment shall be made to (give another organization or charity and a specific address).

JOHN DEERE CHEMICAL COMPANY

Group Pol. 164 400

W. W. YEANDLE
P R E S I D E N T

EXECUTIVE AND SALES OFFICES
P. O. BOX 4500 RANCH ACRES STATION
TULSA 14, OKLAHOMA

June 21, 1962

1996 - Met Life
-203-277-0111

TO ALL SALARIED EMPLOYEES PARTICIPATING IN
THE PARTIALLY CONTRIBUTORY LIFE INSURANCE PLAN:

All employees of the Company are provided with a life insurance policy which is fully paid for by the Company. This policy includes an accidental death and dismemberment feature generally known as "double indemnity."

Upon acquiring two years of service, salaried employees are also eligible to participate in an additional life insurance plan known as the "Partially Contributory Plan." This plan, however, has not included a double indemnity feature.

Favorable experience under double indemnity now makes it possible to add this coverage to the Partially Contributory Insurance at a very low cost. This added feature will become effective immediately and the employee's portion of the total cost for the Partially Contributory Insurance coverage, including the added double indemnity provision, will be increased from \$1.30 to \$1.36 per month per \$1,000 of insurance.

No application form is required. The Travelers Insurance Company will issue a separate certificate covering this double indemnity feature.

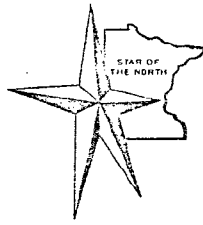
Yours truly,



WYeandle:fd

P4467

BRUNSTING000736



THE MINNESOTA MUTUAL LIFE INSURANCE COMPANY

Victory Square • 345 Cedar Street, Saint Paul, Minnesota 55101 • Telephone 224-5544 Area 612

November 3, 1966

Mr. Elmer H. Brunsting
505 S. E. 14th
Pryor, Oklahoma

Dear Mr. Brunsting:

Enclosed is your Certificate of Participation under Fund A of the John Deere Pension Trust. The Trustee has purchased a Group Retirement Annuity Contract from The Minnesota Mutual Life Insurance Company. This Contract will provide you with certain benefits at retirement as described in this Certificate.

Minnesota Mutual has no way of knowing where you will be located when the time comes for you to receive these retirement benefits. Therefore, when changing addresses, please notify Minnesota Mutual of your address change by completing the enclosed address change form.

Also, please write directly to Minnesota Mutual (to the attention of the Pension Division) when inquiring about your benefits, and when making application for these benefits. If you should desire specific information regarding the amount of monthly annuity available at early retirement date, at normal retirement date, or at postponed retirement date, on the normal form or under one of the optional forms of payment, you should also write directly to Minnesota Mutual. When so doing, please include the date of birth and name of your spouse so the exact optional amounts can be calculated at that time.

It is suggested that you read the certificate carefully and put it, along with this letter and change of address card, in a safe place for future reference.

Minnesota Mutual should also be notified in the event of the death of the payee shown on the Certificate.

Very sincerely,

Allan Jirele
Account Manager
Group Pensions

P.S. Please return enclosed Address Verification Card immediately.

AJ/mo

P4468

BRUNSTING000737

July 14, 1986

The Minnesota Mutual Life Insurance Company
400 North Robert Street
St. Paul, Minnesota 55101

Gentlemen:

I hold a Certificate of Coverage under Group Retirement Annuity Contract No. 8074-DA issued to Continental Illinois National Bank and Trust Company of Chicago as Trustee of Fund A of the John Deere Pension Trust. My normal retirement date is approaching. Will you please advise how we go about initiating payment and the amount that would be payable under option 1 and 2. My wife's birth date is October 8, 1926. My current address is:

13630 Pinerock
Houston, Texas 77079

Very truly yours,



E. H. Brunsting

P4469

BRUNSTING000738

Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101-2098

PLAN NAME John Deere Pension Plan		CONTRACT(S) NUMBER 8074	RETIREMENT DATE 10-1-86
PARTICIPANT'S NAME Elmer Brunsting	DATE OF BIRTH 9-29-21	JOINT ANNUITANT'S NAME (If Married)	DATE OF BIRTH 10-8-26

This Presentation is based on these assumptions below. If any of these assumptions are changed, the amounts could change.

AUTOMATIC RETIREMENT ANNUITY (Figures based on Current Value)

The income a participant receives at retirement must be paid as a Joint and Survivor annuity if the participant is legally married at retirement, **UNLESS HE/SHE CHOOSES AN OPTIONAL RETIREMENT ANNUITY INSTEAD.**

Under a Joint and 100% to survivor annuity, monthly payments are made to both the participant and his/her spouse while they are both living, and after the first death are continued in the same amount to the survivor terminating with the death of the survivor.

The amount you would receive under this option per month is \$ 91.78

If you wish to receive a "Joint and 100% to Survivor Annuity", please sign immediately below.

If you do not wish to receive payments on a "Joint and 100% to Survivor Annuity" option, please review and choose one of the Optional Retirement Annuities listed in the next section.

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF A "JOINT AND 100% TO SURVIVOR ANNUITY" OPTION IS CHOSEN)	DATE
X <i>Elmer A. Brunsting</i>	<i>8/27/86</i>

OPTIONAL RETIREMENT ANNUITIES (Figures based on the Current Value) Please check one box.

- Option 1 \$ 132.44 A monthly Life Annuity continuing during the participant's lifetime, terminating with the last payment due before his death.
- Option 2 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 60 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 3 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 120 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 4 \$ 104.50 A joint Life and Two-thirds to Survivor Annuity under which monthly payments are made while both the participant and his beneficiary are living, and, after the first death, are continued for two-thirds of the original amount to the survivor, terminating with the last payment due prior to the death of the survivor.

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF ONE OF THE ABOVE OPTIONS HAVE BEEN CHOSEN)	DATE
X	

If an Optional Annuity is chosen and the participant is married, then his/her spouse must consent and the signature must be witnessed by the Plan Administrator or a Notary Public.

CONSENT OF SPOUSE:

I certify that I am the spouse of the Participant and that I have read this form as completed and signed by my spouse. I understand that the form of option selected by my spouse is not a joint and survivor annuity. My signature below signifies my consent to this option.

SIGNATURE OF SPOUSE	DATE

WITNESSING OF SPOUSAL CONSENT:

On this ____ day of _____, 19____, before me

appeared _____, to me personally known and who acknowledged before me the execution of this instrument.

NOTARY SEAL

SIGNATURE OF PLAN ADMINISTRATOR OR NOTARY PUBLIC	DATE



Minnesota Mutual Life Center
400 North Robert Street
St. Paul, Minnesota 55101-2098
612/298-3500

August 5, 1986

Mr. Elmer Brunsting
13630 Pinerock
Houston, TX 77079

RE: JOHN DEERE PENSION PLAN
CONTRACT #8074

Dear Mr. Brunsting:

Enclosed please find corrected Retirement Forms, and I again apologize for any inconvenience this may have caused you.

Sincerely,

A handwritten signature in cursive script that reads "Jilayne Kammeyer".

Jilayne Kammeyer
Pension Administration

JK

Enclosure

P4471

BRUNSTING000740

CERTIFICATE OF COVERAGE UNDER GROUP RETIREMENT
ANNUITY CONTRACT NO. 8074-DA

issued to

CERTIFICATE OF PARTICIPATION

CONTINENTAL ILLINOIS NATIONAL
BANK AND TRUST COMPANY OF CHICAGO

as Trustee of

Fund A of The John Deere Pension Trust

by



THE MINNESOTA MUTUAL LIFE
INSURANCE COMPANY

Participant Elmer H. Brunsting Date of Issue September 1, 1966

Normal Monthly Annuity \$ 132.44 Normal Retirement Date October 1, 1986

The Normal Monthly Annuity shall commence on the Participant's Normal Retirement Date and shall terminate with the last payment due prior to the Participant's death. At any time before retirement, the Participant may elect a modified amount of life annuity under one of the two following Optional Retirement Annuities:

Option 1

A Joint Life and Survivor Annuity under which monthly payments are made while both the Participant and his beneficiary are living, and, after the first death, are continued in the same amount to the survivor, terminating with the last payment due prior to the death of the survivor.

Option 2

A Joint Life and Two-Thirds to Survivor Annuity under which the monthly payments are made while both the Participant and his beneficiary are living and, after the death of the first, are continued for two-thirds of the original amount to the survivor, terminating with the last payment due prior to the death of the survivor.

Not more than one beneficiary may be designated to receive payments jointly with the Participant under an Optional Retirement Annuity.

The Normal Retirement Annuity, or an Optional Retirement Annuity, if elected, may be paid to Participants retiring on Normal Retirement Date, or on an Early or a Postponed Retirement Date.

A Participant may elect to have his monthly annuity begin on a date earlier or later than his Normal Retirement Date provided such date is within five years of his Normal Retirement Date. When such election is made, the amount of monthly annuity available will be that amount which can be purchased by the reserve value of the Participant's coverage on such date.

The amount of annuity available under the optional forms, or the amount of annuity available on a date other than the Participant's Normal Retirement Date, will be furnished by the Minnesota Mutual upon request.

P4472

BRUNSTING000741

metlife



MINNESOTA MUTUAL LIFE

1-800-310-7770

INCOME OPTION SELECTION

Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101-2098

PLAN NAME John Deer Pension Plan		CONTRACT(S) NUMBER 8074	RETIREMENT DATE 10-1-86
PARTICIPANTS NAME Elmer Brunsting	DATE OF BIRTH 9-29-21	JOINT ANNUITANT'S NAME (if Married)	DATE OF BIRTH 10-8-26

This Presentation is based on these assumptions below. If any of these assumptions are changed, the amounts could change.

AUTOMATIC RETIREMENT ANNUITY (Figures based on Current Value)

The income a participant receives at retirement must be paid as a Joint and Survivor annuity if the participant is legally married at retirement, **UNLESS HE/SHE CHOOSES AN OPTIONAL RETIREMENT ANNUITY INSTEAD.**

Under a Joint and 100% to survivor annuity, monthly payments are made to both the participant and his/her spouse while they are both living, and after the first death are continued in the same amount to the survivor terminating with the death of the survivor.

The amount you would receive under this option per month is \$ 91.78

If you wish to receive a "Joint and 100% to Survivor Annuity", please sign immediately below.

If you do not wish to receive payments on a "Joint and 100% to Survivor Annuity" option, please review and choose one of the Optional Retirement Annuities listed in the next section.

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF A "JOINT AND 100% TO SURVIVOR ANNUITY" OPTION IS CHOSEN) X DATE

OPTIONAL RETIREMENT ANNUITIES (Figures based on the Current Value) Please check one box.

- Option 1 \$ 132.44 A monthly Life Annuity continuing during the participant's lifetime, terminating with the last payment due before his death.
- Option 2 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 60 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 3 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 120 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 4 \$ N/A A joint Life and Two-thirds to Survivor Annuity under which monthly payments are made while both the participant and his beneficiary are living, and, after the first death, are continued for two-thirds of the original amount to the survivor, terminating with the last payment due prior to the death of the survivor.
- Option 5 \$ 104.50 Lump Sum. List years of ownership that participant was a 5% or more owner _____

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF ONE OF THE ABOVE OPTIONS HAVE BEEN CHOSEN) X DATE

If an Optional Annuity is chosen and the participant is married, then his/her spouse must consent and the signature must be witnessed by the Plan Administrator or a Notary Public.

CONSENT OF SPOUSE:

I certify that I am the spouse of the Participant and that I have read this form as completed and signed by my spouse. I understand that the form of option selected by my spouse is not a joint and survivor annuity. My signature below signifies my consent to this option.

SIGNATURE OF SPOUSE _____ DATE

WITNESSING OF SPOUSAL CONSENT:

On this ____ day of _____, 19____, before me

appeared _____, to me personally known and who acknowledged before me the execution of this instrument.

NOTARY SEAL

SIGNATURE OF PLAN ADMINISTRATOR OR NOTARY PUBLIC _____ DATE

metlife



MINNESOTA MUTUAL LIFE

1-800-310-7770

INCOME OPTION SELECTION

Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101-2098

PLAN NAME John Deer Pension Plan		CONTRACT(S) NUMBER 8074	RETIREMENT DATE 10-1-86
PARTICIPANTS NAME Elmer Brunsting	DATE OF BIRTH 9-29-21	JOINT ANNUITANT'S NAME (If Married)	DATE OF BIRTH 10-8-26

This Presentation is based on these assumptions below. If any of these assumptions are changed, the amounts could change.

AUTOMATIC RETIREMENT ANNUITY (Figures based on Current Value)

The income a participant receives at retirement must be paid as a Joint and Survivor annuity if the participant is legally married at retirement, **UNLESS HE/SHE CHOOSES AN OPTIONAL RETIREMENT ANNUITY INSTEAD.**

Under a Joint and 100% to survivor annuity, monthly payments are made to both the participant and his/her spouse while they are both living, and after the first death are continued in the same amount to the survivor terminating with the death of the survivor.

The amount you would receive under this option per month is \$ 91.78

If you wish to receive a "Joint and 100% to Survivor Annuity", please sign immediately below.

If you do not wish to receive payments on a "Joint and 100% to Survivor Annuity" option, please review and choose one of the Optional Retirement Annuities listed in the next section.

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF A "JOINT AND 100% TO SURVIVOR ANNUITY" OPTION IS CHOSEN) X DATE

OPTIONAL RETIREMENT ANNUITIES (Figures based on the Current Value) Please check one box.

- Option 1 \$ 132.44 A monthly Life Annuity continuing during the participant's lifetime, terminating with the last payment due before his death.
- Option 2 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 60 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 3 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 120 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 4 \$ N/A A joint Life and Two-thirds to Survivor Annuity under which monthly payments are made while both the participant and his beneficiary are living, and, after the first death, are continued for two-thirds of the original amount to the survivor, terminating with the last payment due prior to the death of the survivor.
- Option 5 \$ 104.50 Lump Sum. List years of ownership that participant was a 5% or more owner _____

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF ONE OF THE ABOVE OPTIONS HAVE BEEN CHOSEN) X DATE

If an Optional Annuity is chosen and the participant is married, then his/her spouse must consent and the signature must be witnessed by the Plan Administrator or a Notary Public.

CONSENT OF SPOUSE:

I certify that I am the spouse of the Participant and that I have read this form as completed and signed by my spouse. I understand that the form of option selected by my spouse is not a joint and survivor annuity. My signature below signifies my consent to this option.

SIGNATURE OF SPOUSE _____ DATE _____

WITNESSING OF SPOUSAL CONSENT:

On this ____ day of _____, 19____, before me

appeared _____, to me personally known and who acknowledged before me the execution of this instrument.

SIGNATURE OF PLAN ADMINISTRATOR OR NOTARY PUBLIC _____ DATE _____ NOTARY SEAL



Minnesota Mutual Life Center
400 North Robert Street
St. Paul, Minnesota 55101-2098
612/298-3500

July 29, 1986

Mr. Elmer Brunsting
13630 Pinerock
Houston, TX 77079

**RE: JOHN DEER PENSION PLAN
CONTRACT #8074**

Dear Mr. Brunsting:

Please have the enclosed retirement forms completed and returned to my attention along with proof of age for yourself and for your spouse. The authorization for direct deposit is an optional form.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jilyane Kammeyer".

Jilyane Kammeyer
Pension Administration

JK:bk

Enclosure

P4475

BRUNSTING000744

Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101

This form is used to instruct Minnesota Mutual to pay retirement benefits to the participant identified below.

PLAN NAME John Deer Pension Plan		CONTRACT NUMBER 3074
PARTICIPANT River Brunsting		PARTICIPANT NUMBER 3700
SOCIAL SECURITY NUMBER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH) 9-29-21
MAILING ADDRESS (Street, City, State, Zip)		
ANNUITY FORM		
ANNUITY COMMENCEMENT DATE	ANNUITY AMOUNT \$	EMPLOYEE CONTRIBUTIONS TOWARDS PENSION BENEFIT \$
BENEFICIARY	RELATIONSHIP TO PARTICIPANT	BENEFICIARY'S SOCIAL SECURITY NO.

SIGNATURES ARE REQUIRED TO COMPLETE PROCESSING — SEE BELOW

COMPLETE THIS SECTION ONLY IF a Joint and Survivor or Surviving Spouse Annuity Option has been selected.

JOINT ANNUITANT'S/SPOUSE'S NAME		
RELATIONSHIP TO PARTICIPANT	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH)	SOCIAL SECURITY NUMBER

I HEREBY CERTIFY THAT THE FORM OF PAYMENT AND THE BENEFICIARY DESIGNATION IS MY SELECTION	
SIGNATURE OF CONTRACTHOLDER'S AUTHORIZED REPRESENTATIVE AND TITLE X	DATE
SIGNATURE OF PARTICIPANT X	DATE
SIGNATURE OF JOINT ANNUITANT X	

For Home Office use only

PAYEE(S)	PLAN CODE U V R T
MATURITY VALUE \$	MORTALITY TABLE
	INTEREST RATE

COMMENTS _____

SEND INITIAL CHECK TO:	TRANSACTION NUMBER	APPROVED BY	MEMO NUMBER
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Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101

This form is used to instruct Minnesota Mutual to pay retirement benefits to the participant identified below.

PLAN NAME John Deer Pension Plan			CONTRACT NUMBER 8074
PARTICIPANT Elmer Brunsting			PARTICIPANT NUMBER 3700
SOCIAL SECURITY NUMBER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH) 9-29-21	CERTIFICATE NUMBER
MAILING ADDRESS (Street, City, State, Zip)			
ANNUITY FORM			
ANNUITY COMMENCEMENT DATE	ANNUITY AMOUNT \$	EMPLOYEE CONTRIBUTIONS TOWARDS PENSION BENEFIT \$	
BENEFICIARY		RELATIONSHIP TO PARTICIPANT	BENEFICIARY'S SOCIAL SECURITY NO.

SIGNATURES ARE REQUIRED TO COMPLETE PROCESSING — SEE BELOW

COMPLETE THIS SECTION ONLY IF a Joint and Survivor or Surviving Spouse Annuity Option has been selected.

JOINT ANNUITANT'S/SPOUSE'S NAME		
RELATIONSHIP TO PARTICIPANT	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH)	SOCIAL SECURITY NUMBER

I HEREBY CERTIFY THAT THE FORM OF PAYMENT AND THE BENEFICIARY DESIGNATION IS MY SELECTION	
SIGNATURE OF CONTRACTHOLDER'S AUTHORIZED REPRESENTATIVE AND TITLE X	DATE
SIGNATURE OF PARTICIPANT X	DATE
SIGNATURE OF JOINT ANNUITANT X	

For Home Office use only

PAYEE(S)	PLAN CODE U V R T
MATURITY VALUE \$	MORTALITY TABLE INTEREST RATE

COMMENTS _____

SEND INITIAL CHECK TO:	TRANSACTION NUMBER	APPROVED BY	MEMO NUMBER
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Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101

This form is used to instruct Minnesota Mutual to pay retirement benefits to the participant identified below.

PLAN NAME John Deer Pension Plan		CONTRACT NUMBER 8074
PARTICIPANT Elmer Brunsting		PARTICIPANT NUMBER 3700
SOCIAL SECURITY NUMBER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH) 9-29-21
MAILING ADDRESS (Street, City, State, Zip)		
ANNUITY FORM		
ANNUITY COMMENCEMENT DATE	ANNUITY AMOUNT \$	EMPLOYEE CONTRIBUTIONS TOWARDS PENSION BENEFIT \$
BENEFICIARY	RELATIONSHIP TO PARTICIPANT	BENEFICIARY'S SOCIAL SECURITY NO.

SIGNATURES ARE REQUIRED TO COMPLETE PROCESSING — SEE BELOW

COMPLETE THIS SECTION ONLY IF a Joint and Survivor or Surviving Spouse Annuity Option has been selected.

JOINT ANNUITANT'S/SPOUSE'S NAME		
RELATIONSHIP TO PARTICIPANT	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH)	SOCIAL SECURITY NUMBER

I HEREBY CERTIFY THAT THE FORM OF PAYMENT AND THE BENEFICIARY DESIGNATION IS MY SELECTION	
SIGNATURE OF CONTRACTHOLDER'S AUTHORIZED REPRESENTATIVE AND TITLE X	DATE
SIGNATURE OF PARTICIPANT X	DATE
SIGNATURE OF JOINT ANNUITANT X	

For Home Office use only

PAYEE(S)	PLAN CODE U V R T
MATURITY VALUE \$	MORTALITY TABLE
	INTEREST RATE

 COMMENTS _____

SEND INITIAL CHECK TO:	TRANSACTION NUMBER	APPROVED BY	MEMO NUMBER
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Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101-2098

PLAN NAME John Doer Pension Plan		CONTRACT(S) NUMBER 8074	RETIREMENT DATE 10-1-88
PARTICIPANTS NAME Elmer Brunsting	DATE OF BIRTH 9-29-21	JOINT ANNUITANT'S NAME (If Married)	DATE OF BIRTH 10-8-26

This Presentation is based on these assumptions below. If any of these assumptions are changed, the amounts could change.

AUTOMATIC RETIREMENT ANNUITY (Figures based on Current Value)

The income a participant receives at retirement must be paid as a Joint and Survivor annuity if the participant is legally married at retirement, **UNLESS HE/SHE CHOOSES AN OPTIONAL RETIREMENT ANNUITY INSTEAD.**

Under a Joint and 100% to survivor annuity, monthly payments are made to both the participant and his/her spouse while they are both living, and after the first death are continued in the same amount to the survivor terminating with the death of the survivor.

The amount you would receive under this option per month is \$ 91.78

If you wish to receive a "Joint and 100% to Survivor Annuity", please sign immediately below.

If you do not wish to receive payments on a "Joint and 100% to Survivor Annuity" option, please review and choose one of the Optional Retirement Annuities listed in the next section.

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF A "JOINT AND 100% TO SURVIVOR ANNUITY" OPTION IS CHOSEN) X	DATE
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OPTIONAL RETIREMENT ANNUITIES (Figures based on the Current Value) Please check one box.

- Option 1 \$ 132.44 A monthly Life Annuity continuing during the participant's lifetime, terminating with the last payment due before his death.
- Option 2 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 60 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 3 \$ N/A A monthly Life Annuity with the provision that if the participant dies before having received income for 120 months, the payments for the remainder of such period shall be continued to the beneficiary, or, if the beneficiary so elects, such payments shall be commuted at the contract rate of interest and commuted value thereof paid in a single sum to the beneficiary.
- Option 4 \$ N/A A joint Life and Two-thirds to Survivor Annuity under which monthly payments are made while both the participant and his beneficiary are living, and, after the first death, are continued for two-thirds of the original amount to the survivor, terminating with the last payment due prior to the death of the survivor.
- Option 5 \$ 104.50 Lump Sum. List years of ownership that participant was a 5% or more owner _____

PARTICIPANT'S SIGNATURE (SIGN HERE ONLY IF ONE OF THE ABOVE OPTIONS HAVE BEEN CHOSEN) X	DATE
---	------

If an Optional Annuity is chosen and the participant is married, then his/her spouse must consent and the signature must be witnessed by the Plan Administrator or a Notary Public.

CONSENT OF SPOUSE:

I certify that I am the spouse of the Participant and that I have read this form as completed and signed by my spouse. I understand that the form of option selected by my spouse is not a joint and survivor annuity. My signature below signifies my consent to this option.

SIGNATURE OF SPOUSE	DATE
---------------------	------

WITNESSING OF SPOUSAL CONSENT:

On this ____ day of _____, 19____, before me

appeared _____, to me personally known and who acknowledged before me the execution of this instrument.

NOTARY SEAL

SIGNATURE OF PLAN ADMINISTRATOR OR NOTARY PUBLIC	DATE
--	------

Pension Administration • 400 North Robert Street • St. Paul, Minnesota 55101

This form is used to instruct Minnesota Mutual to pay retirement benefits to the participant identified below.

PLAN NAME John Deer Pension Plan			CONTRACT NUMBER 8074
PARTICIPANT Elmer Brunsting			PARTICIPANT NUMBER 3700
SOCIAL SECURITY NUMBER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH) 9-29-21	CERTIFICATE NUMBER
MAILING ADDRESS (Street, City, State, Zip)			
ANNUITY FORM			
ANNUITY COMMENCEMENT DATE	ANNUITY AMOUNT \$	EMPLOYEE CONTRIBUTIONS TOWARDS PENSION BENEFIT \$	
BENEFICIARY	RELATIONSHIP TO PARTICIPANT	BENEFICIARY'S SOCIAL SECURITY NO.	

SIGNATURES ARE REQUIRED TO COMPLETE PROCESSING — SEE BELOW

COMPLETE THIS SECTION ONLY IF a Joint and Survivor or Surviving Spouse Annuity Option has been selected.

JOINT ANNUITANT'S/SPOUSE'S NAME		
RELATIONSHIP TO PARTICIPANT	DATE OF BIRTH (PLEASE ATTACH PROOF OF DATE OF BIRTH)	SOCIAL SECURITY NUMBER

I HEREBY CERTIFY THAT THE FORM OF PAYMENT AND THE BENEFICIARY DESIGNATION IS MY SELECTION	
SIGNATURE OF CONTRACTHOLDER'S AUTHORIZED REPRESENTATIVE AND TITLE X	DATE
SIGNATURE OF PARTICIPANT X	DATE
SIGNATURE OF JOINT ANNUITANT X	

For Home Office use only

PAYEE(S)	PLAN CODE U V R T
MATURITY VALUE \$	MORTALITY TABLE INTEREST RATE

COMMENTS _____

SEND INITIAL CHECK TO:	TRANSACTION NUMBER	APPROVED BY	MEMO NUMBER
------------------------	--------------------	-------------	-------------



400 North Robert Street • St. Paul, Minnesota 55101

**AUTHORIZATION
FOR DIRECT DEPOSIT**

I (we) authorize Minnesota Mutual Life Insurance Company ("COMPANY") to initiate deposits (credit entries) and corrections (debit entries) to adjust any deposits made in error to my (our) account indicated below. I (we) authorize the financial institution ("DEPOSITORY") named below to accept these deposits and/or corrections made to this account.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it, or until such time as COMPANY terminates this method of payment.

ELMER A & NERVA E. BRUNSTING

NAME OF PAYEE(S)

15630 PINE ROCK, HOUSTON TX, 77079

ADDRESS

TEXAS COMMERCIAL BANK WEST LAKE PARK

NAME OF DEPOSITORY

P.O. Box 4600 Houston TX 77210

ADDRESS

ACCOUNT TYPE Checking Savings

ACCOUNT NUMBER

200-5080

(ATTACH A VOIDED CHECK)

SIGNATURE OF PAYEE

SOCIAL SECURITY NUMBER

282-32-8905

SIGNATURE OF SECOND PAYEE (if applicable)

SOCIAL SECURITY NUMBER

481-30-4485

DATE

SIGNATURE OF JOINT ACCOUNT OWNER OTHER THAN PAYEE

X

IMPORTANT: For purposes of accuracy PLEASE ATTACH A VOIDED CHECK

For office use only:

Bank Routing/Transit Number

P4481

FF 29827 6-83

BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

DEERE & COMPANY
BUYDIRECT PLAN
STATEMENT PRINT DATE: 02/03/2010
CUSIP: 001-450-24419910
SYMBOL: DE
ACCOUNT KEY: BRUNSFAMLIT---0100
INVESTOR ID: 806578316055
BROKER DEALER: JONES E D
BROKER ID: 0057
BROKER DEALER ACCOUNT NO.: 60907698

0055520 01 AT 0.357 **AUTO TO 2 3202 77079-591430 COL B1M1 -1



ELMER H BRUNSTING &
 NELVA E BRUNSTING TR
 BRUNSTING FAMILY LIVING TRUST
 U/A DTD 10/10/96
 13630 PINEROCK
 HOUSTON TX 77079-5914

FOR QUESTIONS CONCERNING YOUR ACCOUNT PLEASE CALL
 1-800-268-7369

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 02/02/2010		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
494.62	52.4500			2.63		2.63	2.63		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
				GROSS PROCEEDS	TAX WITHHELD		9.4304		9.4304
			0.13						

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
12/31/2009	COMMON DIVIDEND	0.2800000	0.0484		2.63				
02/01/2010									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	2.63		9.3820		9.3820
				0.13					

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
02/01/10	BALANCE FORWARD								9.3820
	COMMON DIVIDEND		2.63		0.13	2.50	51.6712053	0.0484	9.4304

DEERE & COMPANY
 CUSIP: 001-450-24419910
 ACCOUNT KEY: BRUNSFAMLIT---0100
 ELMER H BRUNSTING &
 NELVA E BRUNSTING TR
 BRUNSTING FAMILY LIVING TRUST
 U/A DTD 10/10/96
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Issue a certificate for this number of shares:

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/DEERE & COMPANY
 YOU MAY INCREASE YOUR SHARES WITH
 OPTIONAL CASH INVESTMENTS OF \$100
 UP TO \$10,000 PER TRANSACTION

Full Withdrawal (Terminate Plan Participation)

Issue a certificate for all full shares and a check for fractional shares.

Sell all plan shares.

Deposit of Certificates

Deposit the enclosed number of shares:

All owner(s) must sign and date above
 ()
 Contact Number

7575 806578316055

00145024419910BRUNSFAMLIT---0100IR00169
P4482

BNY Mellon Shareowner Services
Manage Your Account With Ease

Use either of our shareholder service options.

Login to
www.bnymellon.com/shareowner/isd

Sign up for MLinkSM through
 Investor ServiceDirect[®]. MLink

View Information

- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

provides secure 24/7
 online access to your
 investor activity reports,
 investment plan
 statements and 1099s.
 Click the MLink icon
 and follow the prompts.

and
more!

* Online service not offered by all issuers.

**New user?
 First,
 create your PIN
 then you're
 set to go.**

OR **Dial** the toll-free
 number below to access our

**Interactive Voice
 Response system**
 with "Tell Me" technology

Simply speak your instructions
 when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect[®] and our Interactive Voice Response (IVR) phone system
 offer secure 24/7 access to your account information and account management tools.

Managing your account has never been so easy!

Questions? Contact Shareholder Services

By Internet

Visit www.bnymellon.com/shareowner/isd for access to your account.

By Phone

Toll Free Number 1-800-268-7369
 Outside the U.S. (Collect) 1-201-680-6578
 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
 Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Additional Cash Investments To:
 Investment Services
 PO Box 382009
 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4483



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) (DATE)

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) (JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

DUE DATE: 12/31/2008

ID NO. 7076 10001 XXXXX8905 101 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79
TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

IN ACCORDANCE WITH GOVERNMENT REGULATIONS YOU WILL BE RECEIVING YOUR ANNUAL TAX STATEMENT PRIOR TO JANUARY 31.

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



350000614

06 N

ID NO. 7076 10001 XXXXX8905 101 101
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4484

BRUNSTING000753

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

If Federal Income Taxes are not being withheld from your payment because you have elected not to have withholding apply and if you wish to revoke that election and have Federal Income Taxes withheld from your payments, please let us know.

Payments made to United States citizens and delivered to an address outside the United States may be subject to federal withholding tax. The recipient is not allowed to elect out of federal tax withholding. Unless there is an election on file, the standard withholding amount for periodic payments is based on married with three withholding allowances.

Generally, payments made to Non-Resident Aliens are subject to a 30% United States federal tax withholding. To the extent that some non-resident aliens are resident in countries that have reduced withholding rates pursuant to tax treaties with the United States, lower withholding rates would be applied. In order to withhold taxes at a lower rate, we must have a valid W8-BEN form on file for the person or entity to which the payment was made. Failure to complete a valid W8-BEN will result in a 30% tax withholding from the payment.

P4485

BRUNSTING000754



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (_____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) _____

(DATE) _____

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) _____

(JOINT SIGNATURE IF APPLICABLE) _____

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

DUE DATE: 11/28/2008

ID NO. 7076 10001 XXXXX8905 101 101

FOR QUESTIONS, PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79
TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



319000618

06 N

ID NO. 7076 10001 XXXXX8905 101 101
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4486

BRUNSTING000755

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

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P4487

BRUNSTING000756



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (_____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) _____

(DATE) _____

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) _____

(JOINT SIGNATURE IF APPLICABLE) _____

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

DUE DATE: 10/31/2008

ID NO. 7076 10001 XXXXX8905 101 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79
TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

JOHN HANCOCK LIFE INSURANCE COMPANY



DIRECT DEPOSIT STATEMENT

290000627

06 N

ID NO. 7076 10001 XXXXX8905 101 101
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4488

BRUNSTING000757

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

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P4489

BRUNSTING000758



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) _____

(DATE) _____

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) _____

(JOINT SIGNATURE IF APPLICABLE) _____

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

DUE DATE: **09/30/2008**

ID NO. **7076 10001 XXXXX8905 101 101**

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79
TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



260000630

06 N

ID NO. **7076 10001 XXXXX8905 101 101**
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4490

BRUNSTING000759

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

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P4491

BRUNSTING000760



ADDRESS CHANGE FORM

(please print clearly)

NAME _____
STREET _____ APT# _____
CITY _____ ST _____ ZIP CODE _____
TELEPHONE# () _____
MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) (DATE)

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

GROSS AMOUNT **60.79**
DEDUCTIONS/CREDITS AMOUNT
FEDERAL W/H **0.00**

TOTAL DEDUCTIONS **0.00**
NET AMOUNT **60.79**

TAX REPORTING AMOUNT
TAXABLE AMT **60.79**

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____
BANK NAME _____
BANK MAILING ADDRESS _____
CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) (JOINT SIGNATURE IF APPLICABLE)

*I hereby authorize John Hancock Life Insurance Company to initiate credit entries to
my account indicated above. If an amount should be credited to my account in error,
or after my death, I authorize the appropriate debit adjustment.*

DUE DATE: **08/29/2008**

ID NO. **7076 10001 XXXXX8905 101 101**

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



228000630 06 N ID NO. **7076 10001 XXXXX8905 101 101**
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4492

BRUNSTING000761

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

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P4493

BRUNSTING000762



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE)

(DATE)

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79

TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE)

(JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: **07/31/2008**

ID NO. **7076 10001 XXXXX8905 101 101**

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT

199000630

06 N

ID NO. **7076 10001 XXXXX8905 101 101**
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4494

BRUNSTING000763

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

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P4495

BRUNSTING000764



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) _____

(DATE) _____

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) _____

(JOINT SIGNATURE IF APPLICABLE) _____

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

DUE DATE: 06/30/2008

ID NO. 7076 10001 XXXXX8905 101 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79
TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



169000632

06 N

ID NO. 7076 10001 XXXXX8905 101 101
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4496

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

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Generally, payments made to Non-Resident Aliens are subject to a 30% United States federal tax withholding. To the extent that some non-resident aliens are resident in countries that have reduced withholding rates pursuant to tax treaties with the United States, lower withholding rates would be applied. In order to withhold taxes at a lower rate, we must have a valid W8-BEN form on file for the person or entity to which the payment was made. Failure to complete a valid W8-BEN will result in a 30% tax withholding from the payment.

P4497



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE)

(DATE)

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

GROSS AMOUNT **60.79**

DEDUCTIONS/CREDITS AMOUNT

FEDERAL W/H **0.00**

TOTAL DEDUCTIONS **0.00**

NET AMOUNT **60.79**

TAX REPORTING AMOUNT

TAXABLE AMT **60.79**

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE)

(JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: **05/30/2008**

ID NO. **7076 10001 XXXXX8905 101 101**

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT S-8
PO BOX 111
BOSTON, MASS 02117

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT

136000637

06 N

ID NO. **7076 10001 XXXXX8905 101 101**
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4498

BRUNSTING000767

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

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Generally, payments made to Non-Resident Aliens are subject to a 30% United States federal tax withholding. To the extent that some non-resident aliens are resident in countries that have reduced withholding rates pursuant to tax treaties with the United States, lower withholding rates would be applied. In order to withhold taxes at a lower rate, we must have a valid W8-BEN form on file for the person or entity to which the payment was made. Failure to complete a valid W8-BEN will result in a 30% tax withholding from the payment.

P4499

BRUNSTING000768



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) _____

(DATE) _____

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79

TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) _____

(JOINT SIGNATURE IF APPLICABLE) _____

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 04/30/2008

ID NO. 7076 10001 XXXXX8905 101 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT T-24
PO BOX 111
BOSTON, MASS 02117

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT

107000639

06 N

ID NO. 7076 10001 XXXXX8905 101 101
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4500

BRUNSTING000769

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

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P4501

BRUNSTING000770



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (_____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) _____

(DATE) _____

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

GROSS AMOUNT 60.79

DEDUCTIONS/CREDITS AMOUNT

FEDERAL W/H 0.00

TOTAL DEDUCTIONS 0.00

NET AMOUNT 60.79

TAX REPORTING AMOUNT

TAXABLE AMT 60.79

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE) _____

(JOINT SIGNATURE IF APPLICABLE) _____

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

DUE DATE: 03/31/2008

ID NO. 7076 10001 XXXXX8905 101 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT T-24
PO BOX 111
BOSTON, MASS 02117

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



078000645

06 N

ID NO. 7076 10001 XXXXX8905 101 101
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4502

BRUNSTING000771

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

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ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE)

(DATE)

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____
(please enclose a VOIDED check)

ABA #

(SIGNATURE)

(JOINT SIGNATURE IF APPLICABLE)

I hereby authorize John Hancock Life Insurance Company to initiate credit entries to my account indicated above. If an amount should be credited to my account in error, or after my death, I authorize the appropriate debit adjustment.

GROSS AMOUNT	60.79
DEDUCTIONS/CREDITS	AMOUNT
FEDERAL W/H	0.00

DUE DATE: **02/29/2008**

ID NO. 7076 10001 XXXXX8905 101 101

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT T-24
PO BOX 111
BOSTON, MASS 02117

TOTAL DEDUCTIONS	0.00
NET AMOUNT	60.79
TAX REPORTING	AMOUNT
TAXABLE AMT	60.79

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



045000647

06 N

ID NO. **7076 10001 XXXXX8905 101 101**
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4504

BRUNSTING000773

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

If Federal Income Taxes have been withheld from the payments you are receiving and if you do not wish to have taxes withheld, please let us know. However, if you elect not to have withholding apply to your payments, or if you do not have enough Federal Income Tax withheld from your payment, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Withholding is merely a method of paying taxes which you owe and therefore does not change your total liability.

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P4505

BRUNSTING000774



ADDRESS CHANGE FORM

(please print clearly)

NAME _____

STREET _____ APT# _____

CITY _____ ST _____ ZIP CODE _____

TELEPHONE# (____) _____

MY LEGAL RESIDENT STATE IS: _____

(SIGNATURE) (DATE)

7076 10001 XXXXX8905 101 101

Please check here if you would like to stop electronic direct deposit
And send the check to your home address.

GROSS AMOUNT **60.79**

DEDUCTIONS/CREDITS AMOUNT

FEDERAL W/H **0.00**

TOTAL DEDUCTIONS **0.00**

NET AMOUNT **60.79**

TAX REPORTING AMOUNT

TAXABLE AMT **60.79**

DIRECT DEPOSIT ENROLLMENT FORM

(please print clearly)

NAME _____

BANK NAME _____

BANK MAILING ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

please make an X for one type of account

CHECKING or SAVINGS ACCOUNT # _____

(please enclose a VOIDED check)

ABA #

(SIGNATURE) (JOINT SIGNATURE IF APPLICABLE)

*I hereby authorize John Hancock Life Insurance Company to initiate credit entries to
my account indicated above. If an amount should be credited to my account in error,
or after my death, I authorize the appropriate debit adjustment.*

DUE DATE: **01/31/2008**

ID NO. **7076 10001 XXXXX8905 101 101**

FOR QUESTIONS PLEASE CALL: 1-800-624-5155

SEND REQUESTS TO: JOHN HANCOCK LIFE INSURANCE CO.
BENEFIT CONTROL UNIT T-24
PO BOX 111
BOSTON, MASS 02117

JOHN HANCOCK LIFE INSURANCE COMPANY

DIRECT DEPOSIT STATEMENT



016000651

06 N

ID NO. **7076 10001 XXXXX8905 101 101**
0477

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079-5914

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED TO YOUR ACCOUNT.

P4506

BRUNSTING000775

**IMPORTANT NOTICE TO RECIPIENTS FOR PENSION OR ANNUITY
PAYMENTS ONLY**

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P4507

BRUNSTING000776

Susman Godfrey
Lead Class Counsel
In re Gulf Pension Litigation

Charles F. Plenge, Esq.
Class Pension Counsel
In re Gulf Pension Litigation

CRP/SAP PENSION PLAN

P.O. Box 728
Madison Square Station
New York, NY 10159

Tel: (800) 328-1661
Fax: (800) 328-FAX1

William A. Dreher
Actuary

Nadyne Nelson
Operations Manager

NOTICE OF ANNUITY CONTRACT AND TRANSFER OF CRP/SAP BENEFITS

March 20, 1994

TO: CRP/SAP PENSION PLAN BENEFIT RECIPIENTS

FROM: CHEVRON CORPORATION, AS ADMINISTRATOR OF THE CRP/SAP PENSION PLAN

Chevron Corporation, as plan administrator of the CRP/SAP Pension Plan, is providing you with this NOTICE under the rules of the Pension Benefit Guaranty Corporation for plan terminations.

1. The legal obligation for providing your benefits from the CRP/SAP Pension Plan has been transferred from the Plan to the John Hancock Mutual Life Insurance Company. John Hancock's address is:

John Hancock Mutual Life Insurance Company
John Hancock Place
200 Clarendon Street
Boston, MA 02117

Under this binding obligation, John Hancock will provide benefits in the form of an annuity contract or as a cash payment to you or to the IRA you select. (Refer to the Benefit Election Package for the specific choices you have.)

2. The John Hancock executive who can answer questions concerning the annuity contract or the binding obligation to provide benefits is David B. Eisen, Senior Underwriting Manager, who can be reached at (617) 572-9513.

3. For those participants who will receive an annuity form of payment, John Hancock will send you a copy of the annuity contract or a certificate showing John Hancock's name and address and clearly reflecting John Hancock's obligation to provide the benefits from the CRP/SAP Pension Plan. This certificate will be mailed to you in the Fall, 1994.

4. General Information:

- Name of Plan: CRP/SAP Pension Plan
Plan No. 074
- Plan Sponsor: Chevron Corporation
(EIN Number 94-0890210)
- If you change your address before we contact you again, or you have any questions concerning the Plan's termination, please contact:

CRP/SAP Plan Operations Office
P.O. Box 728, Madison Square Station
New York, NY 10159
Telephone: (800) 328-1661
Fax: (800) 328-3291

Chevron Corporation
Plan Administrator

Baker & Botts
Pillsbury Madison & Sutro
Counsel for Chevron Corporation

P4508

MUN. KIFE
JAN DEENE 2008

P4509

Date: May 26, 2011

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your June annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: July 28, 2009

Settlement Contracts Department
1-800-272-4772

Control Number: 0071512

NELVA E BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079

We have sent your August annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: December 26, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your January annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: November 21, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your December annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: October 28, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your November annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: September 26, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your October annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: August 26, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your September annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: July 29, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your August annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: June 26, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your July annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00
Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: May 27, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your June annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: April 28, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your May annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: February 26, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your March annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00
Net Payment	<hr/> \$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: January 29, 2008

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your February annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: December 26, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your January annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

This receipt is a verification of your depository and withholding, and should not be regarded as a confirmation of deposit. Please contact your depository listed above for confirmation of deposit. It is our pleasure to serve you. Please do not hesitate to contact us if we can be of assistance.

MINNESOTA LIFE

Date: November 28, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

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Net Payment	\$91.78

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MINNESOTA LIFE

Date: October 27, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

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MINNESOTA LIFE

Date: August 29, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

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MINNESOTA LIFE

Date: July 27, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your August annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: June 27, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your July annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: May 26, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your June annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: April 26, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your May annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: March 28, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your April annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: February 24, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your March annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: January 27, 2006

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your February annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: December 27, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your January annuity payment of \$91.78 to:

BANK OF AMERICA

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Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: November 28, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

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13630 PINEROCK
HOUSTON TX 77079

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MINNESOTA LIFE

Date: October 27, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

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MINNESOTA LIFE

P4537

Date: September 27, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your October annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: August 29, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your September annuity payment of \$91.78 to:

BANK OF AMERICA

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Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: July 27, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your August annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: June 28, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your July annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: May 26, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your June annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: April 26, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your May annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: March 29, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your April annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: February 24, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your March annuity payment of \$91.78 to:

BANK OF AMERICA

Withholding deductions on this annuity for the current payment are:

Gross Payment	\$91.78
Less Deductions:	0.00

Net Payment	\$91.78

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MINNESOTA LIFE

Date: January 27, 2005

Settlement Contracts Department
1-800-272-4772

Control Number: 0041992

ELMER H BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

We have sent your February annuity payment of \$91.78 to:

BANK OF AMERICA

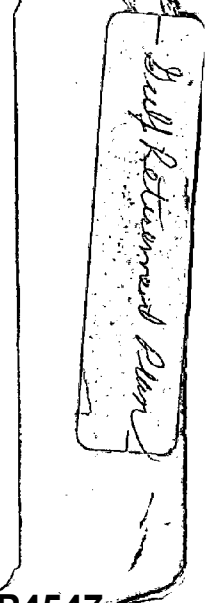
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MINNESOTA LIFE



Bully Returnwood Plum

P4547

PARTICIPANT'S STATEMENT
GULF 50319-A

TAX REDUCTION ACT STOCK OWNERSHIP PLAN OF GULF OIL CORPORATION



"Our Search for Energy
Begins With People"

THE FOLLOWING IS A STATEMENT OF YOUR ACCOUNT AS OF: 12/31/80

	BALANCE AT END OF PREVIOUS YEAR	SHARES ALLOCATED YEAR	REINVESTED DIVIDEND SHARES FOR THE YEAR	TOTAL SHARES TO DATE
GULF OIL CORPORATION COMMON STOCK	64.7780	9.1523	3.6033	77.5336

ELMER H BRUNSTING
13630 PINEROCK
HOUSTON TX

77079

ANY DISCREPANCY SHOULD BE REPORTED PROMPTLY TO
MR. PHILIP E. LINTNER, SECRETARY — BENEFITS COMMITTEE,
GULF OIL CORPORATION, P.O. BOX 1166, PITTSBURGH, PA 15230.

PLEASE SEE MESSAGE ON OTHER SIDE

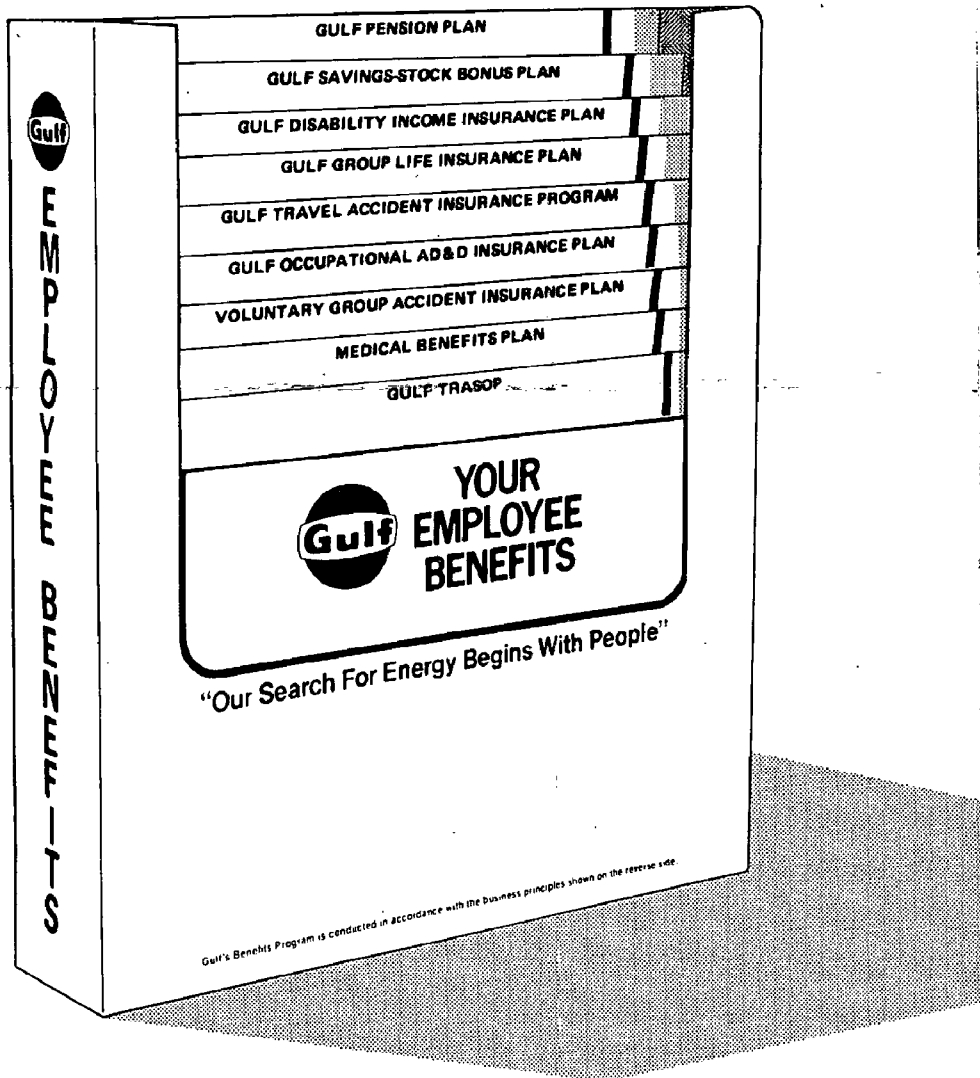
P4548

BRUNSTING000817

Effective with the 1979 Plan Year, the TRASOP permits eligible members to make voluntary contributions which will be matched by Gulf in accordance with the current Federal income tax law. Contributions are made in the second year following the Plan Year in question. Thus, voluntary employee contributions and Gulf matching contributions for the 1979 Plan Year are being made during 1981. Since the information contained on the reverse side of this statement is as of December 31, 1980, there is no information pertaining to the voluntary contributions for the 1979 Plan Year.

Philip E. Lintner
Secretary
Benefits Committee

1980 Annual Employee Benefits Statement



It's Time To Check Your Benefits



Dear fellow employee:

This statement is intended to give you a brief description of the Gulf Employee Benefits Program and information regarding your participation.

It is only a statement for your convenience and is in all respects subject to the terms and conditions contained in the official texts of the Plans and Policies which constitute the Gulf Employee Benefits Program.

Coverages and amounts of benefits shown are based on records of personal data as of January 1, 1980. These include your age and service shown in the "Personal Data" section of this statement.

All possible care has been taken to assure accuracy. If you have a question about any item on your statement, please consult your supervisor or Human Resources Representative so that it can be verified or corrected. See your employee benefits booklets for more information about each of these plans. Official plan texts are also available to employees on an individual basis. If you cannot secure an answer to your question, please feel free to write directly to me.

Gerald W. Bush

Gerald W. Bush
Senior Vice President—Human Resources
Gulf Oil Corporation
P.O. Box 1166
Pittsburgh, Pa. 15230

Medical Insurance

If during 1979 you were an employee who was covered by a program of medical insurance, Gulf contributed up to \$35.00 monthly toward the cost of your coverage, or up to \$84.00 monthly for you and your dependent(s).

Survivor Benefits

Group Life Insurance Plan Your coverage as of 1/1/80:

SCHEDULE Y \$ 20,000
SCHEDULE Z \$ 98,000 \$118,000

Connecticut General Voluntary Group Accident Insurance Plan As of 1/1/80 you had elected this amount of coverage:

\$ 50,000

Occupational Accident Insurance

The Gulf Travel Accident Insurance Plan is paid for entirely by Gulf. It is intended primarily to provide accidental death benefits of up to three times annual pay for employees while flying on Company business.

The Gulf Occupational Accidental Death and Dismemberment Insurance Plan provides benefits of up to \$25,000 for all other occupational accidental death and dismemberment cases, is paid for entirely by Gulf, and automatically applies to all dollar-roll employees of Gulf.

Savings-Stock Bonus Plan Any bonds and cash you have in the Savings Funds will be delivered to the person(s) entitled to them. In addition, your share of the Stock Bonus Funds, and any stock you have in the Long Term Stock Bonus Fund, will be delivered to your beneficiary.

Gulf Pension Plan This is the lump-sum survivor benefit as of 1/1/80: \$4,827.96

If you die while you are eligible for early or regular retirement, and if you designated your husband or wife (or a trustee if certain requirements are met) as sole beneficiary under this Plan, he or she will receive a lifetime pension or may elect the lump-sum benefit. This survivor pension would generally be more valuable than the lump-sum benefit.

Disability Benefits

If you are unable to work due to sickness or accident, all or part of your pay may be continued temporarily. Workers' Compensation may be payable if a disability results from a job-related illness or accident. If severely disabled, you and your eligible dependents may qualify for monthly Social Security payments.

After six months of total disability you may qualify for monthly benefits from the Disability Income Insurance Plan. The monthly benefit is any amount needed to bring your income from any other Gulf benefits, primary Social Security, Workers' Compensation, etc., up to 50% of your final monthly compensation; however, if you have eligible dependents under Social Security, the total income is limited to 70%. Benefits under this Plan may continue as long as you are totally disabled.

If you become totally disabled, your Group Life Insurance Plan coverage may be continued during the disability at no cost to you. However, after age 65 your coverage will become subject to post-retirement reductions.

Savings-Stock Bonus Plan

On February 8, 1980 the 1977 Term was distributed. You were entitled to:

—U.S. Bonds (at cost) and cash for account balance: NONE
—market value of Gulf Stock on date distributed \$ 2,737.09*
plus cash for any fractional share:
(included 0.59 shares at \$45.9375 per share.)
*For U.S. Income Tax purposes, this amount must be considered as ordinary income when received.

Shares of Gulf Stock transferred to your Long Term Stock Bonus Fund account on 2/8/80: NONE

Total shares of Gulf Stock in your Long Term Stock Bonus Fund account as of 2/9/80: NONE

Your participation in the 1978 and 1979 Terms:

	1978 Term	1979 Term
Total contributions you made:	\$ 2,933.28	\$ 3,152.40
Your contributions on deposit at 1/1/80:	NONE	\$ 3,152.40
Gulf Stock shares credited at 1/1/80:	66.3170	54.4347

Upon termination of employment, 100% of your share of the Plan assets will always be payable on your account.

TRASOP

Prepared Especially for

Name E H BRUNSTING Payroll
Employee No. 114162 Code 150000042 0000
Location GS&T ENGRG GENERAL

as of January 1, 1980 using service and earnings history through 1979.

Personal Data as of 1/1/80

Your Birth Date 09/29/21
Time-Service 14-03/12 YRS.**
Benefit-Service 14-00/12 YRS.

** INCLUDES PLAN SECTIONS
3B AND 3C EXTRA CREDITS

Social Security This program provides monthly payments for your surviving eligible dependents. In addition there is a lump-sum funeral benefit upon your death of \$255.

If you have been eligible to participate in the Gulf Tax Reduction Act Stock Ownership Plan, you receive a separate annual statement showing your Gulf shareholdings in that Plan.

Are Your Beneficiary Designations Up To Date?

Gulf Pension Plan

Your Accrued Pension Amount

The estimated monthly regular retirement pension you had built up as of 1/1/80: \$ **862.27**

The calculations to the right show how your accrued pension estimate was figured.

Your Right To A Pension

You can qualify for a deferred vested pension when you have 10 years of time-service or when your years of age plus time-service equal 60 or more. You qualify for an immediate monthly Gulf pension upon regular, early or disability retirement.

AS OF 1/1/80 YOU WERE ELIGIBLE FOR A DEFERRED VESTED PENSION

Your Monthly Contributory Allowance

A. 0.3% times **04.750** years you contributed to CRP/SAP: **01.425%**
 0.1% times **4.098.44** (your average monthly compensation during 1977-1978-1979): \$ **58.40**

plus

1/12 of 5.5% times \$ **0.00** (your CRP contributions after 1986 at a 3% rate): **NONE**

A. = \$ **58.40**

B. 27% of \$ **381.00** (your CRP contributions at a rate of 1%, 2%, or 3%): \$ **102.87**

plus

44% of \$ **1,176.16** (your CRP/SAP contributions after 1966 at a 1½% rate): \$ **517.51**
 1/12 of \$ **620.38** times 110%: \$ **56.87**

B. = \$ **56.87**

C. 200% of CRP (and SAP "new rate") contributions with regular interest to 1/1/80 (\$ **2,413.98**); \$ **4,827.96**
 150% of SAP "old rate" contributions with regular interest to 1/1/80 (\$ **0.00**); **NONE**

C. = \$ **33.80**

plus \$ **58.40**

Accrued Contributory Allowance (Greatest of A, B or C):

Your Monthly Non-Contributory Allowance

1.6% times **09.000** years while not eligible to contribute to CRP/SAP: **14.400%**
 plus

1.3% times **05.000** years while eligible to contribute to CRP/SAP: **06.500%**

20.900% of \$ **4,098.44** (your average monthly compensation during 1977-1978-1979): \$ **856.57**

Less 1.5% times **14.000** years Benefit-Service (50% maximum), or **21.000%** of age **62.000** estimated primary Social Security benefit of \$ **388.90** (SEE NOTE 1): \$ **81.67**

Your non-contributory regular retirement allowance as computed above or, if greater, \$12 times **14.000** years of benefit-service: \$ **774.90**

Your foreign/flight service allowance (SEE NOTE 2): **NONE**

Additional allowance under Section 5A-3 of the Plan: \$ **28.97**

Accrued Non-Contributory Allowance: \$ **803.87**

TOTAL OF ACCRUED CONTRIBUTORY AND NON-CONTRIBUTORY ALLOWANCES: \$ **862.27**

Your Regular Retirement age as of 1/1/80: 65-00/12 YRS. NOTE: A and B above, just as the non-contributory figures to the right, do not reflect any discount that might apply for early retirement. However, C, above, is the minimum contributory allowance as of 1/1/80. When your retirement pension starts, this C amount will be higher because it will reflect the additional regular interest credited after 1/1/80 and the pension multiplier for your nearest year of age.

NOTE: 1. Maximum Primary Social Security benefit for Plan purposes for a December 31, 1979 retirement at age shown.

2. This amount is subject to reduction if you retire after your regular retirement age and after 1979.

SEE OTHER SIDE OF STATEMENT FOR YOUR ADDITIONAL BENEFITS AFTER RETIREMENT

Your Retirement Pension

You will receive a regular pension upon retirement at or after your regular retirement age. You can qualify for a disability retirement pension if you are totally and permanently disabled for six months and have had at least 15 years of time-service. Regular and disability retirement pensions are **not** discounted.

You can qualify for early retirement when your years of age plus time-service equal 75 or more, or, if you were a member of the SAP, when you reach age 55. If you retire early, your early retirement pension will start immediately unless you choose to defer it. When payments start, you will receive the percentage of your pension shown under Table A or Table B—whichever gives you the higher amount. (The **minimum** contributory allowance shown under Part C in your pension calculation on the other side would not be calculated according to these tables. Instead, it would be figured using the appropriate factor for your age when the pension starts.)

If Your Pension Starts This Number of Years Before Your Regular Retirement Age	You Will Receive This Percentage of Your Accrued Pension*
Up to 5	100%
6	95
7	90
8	85
9	80
10	75
11	70
12	65
13	60
14	55
15 or more	50

If Your Years of Age Plus Time-Service When Your Pension Starts Total	You Will Receive This Percentage of Your Accrued Pension*
95 or more	100.0%
94	97.5
93	95.0
92	92.5
91	90.0
90	87.5
89	85.0
88	82.5
87	80.0
86	77.5
85	75.0
84	72.5
83	70.0
82	67.5
81	65.0
80	62.5
79	60.0
78	57.5
77	55.0
76	52.5
75	50.0

*Percentage will be calculated to the nearest month

Your Additional Benefits After Regular, Early or Disability Retirement

Gulf Spouse-Pension

The Gulf Pension Plan provides that the person married to you at the time your retirement pension starts will be entitled to a **completely Gulf paid** lifetime spouse-pension after your death. This spouse-pension—equal to 40% of your regular or early pension at retirement—will also be part of any additional spouse protection you may elect. (If you retire on a disability pension, the spouse-pension is equal to 40% of the pension you would have received as an early retiree.) Your pension is not reduced to provide the 40% spouse-pension. **This means greater lifetime benefits for you, added protection for your husband or wife.**

Pensions From Acquired Company Plans

If you have earned a pension under an acquired company retirement plan for service before you became a member of the Gulf Pension Plan, it is in addition to the benefits shown on this statement. If you have such credits, you will receive a separate statement regarding them.

Pre-Social Security Allowance

If your retirement pension starts before age 62 and you are not entitled to Social Security disability benefits, you will receive an extra Company-paid allowance to help you until Social Security can start.

Social Security 1980

You and Gulf share the costs of this program. Full benefits may be received at age 65 or earlier disability. Lower benefits may be received as early as age 62. A spouse who is at least age 62 may qualify for additional benefits. The maximum monthly primary benefit for employees applying for Social Security at age 65 in January 1980 is \$572.00 (\$402.80 at age 62). This amount is based on the Social Security Act as in effect December 31, 1979.

Normal Form of Payment

In accordance with the provisions of the Employee Retirement Income Security Act, the "normal" form of pension payment for a member who is married at the pension starting date will be a lifetime pension reduced so as to provide a pension to the surviving husband or wife equal to 50% of the member's reduced pension. The "normal" form of pension payment will automatically apply unless a member elects not to take it. The Gulf-paid spouse-pension will be included as part of this 50%. Your Gulf Pension Plan figures shown on the other side of this Statement do **not** reflect this adjustment.

Medical Care

During your retirement, Gulf will make contributions of up to \$84.00 per month toward the cost of medical care until you and all your eligible dependents qualify for Medicare (generally at age 65). Thereafter, Gulf will contribute up to \$14.00 per month for each eligible individual toward the cost of a medical program supplementing Medicare, either an individual program of your own choice or the voluntary program made available by Gulf.

Gulf Group Life Insurance Plan

If you retire before age 65 you may continue your full coverage until age 65 provided you make any required contributions. Your contribution rate is 50¢ per month for each \$1,000 of insurance in excess of \$10,000. If you have been insured under Schedule Y (and, if applicable, Schedule Z) continuously from the last date you became enrolled in the Plan, your post-retirement life insurance **after age 65** will be approximately the following percentage of your **highest annual compensation rate**:

Age	65-66	66-67	67-68	68-69	69-70	70 and on
Percentage	100	90	80	70	60	50

or, for an employee hired after 1978 who has less than 10 years of time-service at retirement, the following percentage for each year of time-service—

10	9	8	7	6	5
----	---	---	---	---	---

The **minimum** insurance after age 65 is \$3,000.

If you have any question about your entitlement to insurance after age 65, you can obtain a separate statement from the Insurance Department by requesting it through your Human Resources office.

Voluntary Group Accident Insurance

If you have been insured under the Connecticut General Voluntary Group Accident Insurance program for at least one year at the time of your retirement, you can continue your insurance after retirement (but only up to \$30,000) if you continue to pay the premiums.

1979

Annual Employee Benefits Statement



"Our Search For Energy Begins With People"



Dear fellow employee:

This statement is intended to give you a brief description of the Gulf Employee Benefits Program and information regarding your participation.

It is only a statement for your convenience and is in all respects subject to the terms and conditions contained in the official texts of the Plans and Policies which constitute the Gulf Employee Benefits Program.

Coverages and amounts of benefits shown are based on records of personal data as of January 1, 1979. These include your age and service shown in the "Personal Data" section of this statement.

All possible care has been taken to assure accuracy. If you have a question about any item on your statement, please consult your supervisor or Human Resources Representative so that it can be verified or corrected. See your employee benefits booklets for more information about each of these plans. Official plan texts are also available to employees on an individual basis. If you cannot secure an answer to your question, please feel free to write directly to me.

Gerald W. Bush

Gerald W. Bush
Senior Vice President—Human Resources
Gulf Oil Corporation
P.O. Box 1166
Pittsburgh, Pa. 15230

Medical Insurance

If as an employee you are covered by a program of medical insurance, Gulf contributes up to \$35.00 monthly toward the cost of your coverage or up to \$84.00 monthly for you and your dependent(s).

Survivor Benefits

Group Life Insurance Plan Your coverage as of 1/1/79:

SCHEDULE Y \$ 20,000
SCHEDULE Z \$ 78,000 \$ 98,000

Connecticut General Voluntary Group Accident Insurance Plan As of 1/1/79 you had elected this amount of coverage: \$ 50,000

Savings-Stock Bonus Plan Any bonds and cash you have in the Savings Funds will be delivered to the person(s) entitled to them. In addition, your share of the Stock Bonus Funds, and any stock you have in the Long Term Stock Bonus Fund, will be delivered to your beneficiary.

Gulf Pension Plan This is the lump-sum survivor benefit as of 1/1/79: \$4,598.06

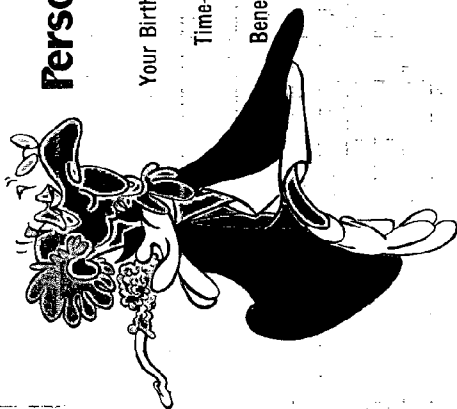
If you die while you are eligible for early or regular retirement, and if you designated your husband or wife (or a trustee if certain requirements are met) as sole beneficiary under this Plan, he or she may elect to receive either a lifetime income or this lump-sum benefit.

Occupational Accident Insurance

The Gulf Travel Accident Insurance Plan is paid for entirely by Gulf. It is intended primarily to provide accidental death benefits of up to three times annual pay for employees while flying on Company business.

The Gulf Occupational Accidental Death and Dismemberment Insurance Plan provides benefits of up to \$25,000 for all other occupational accidental death and dismemberment cases, is paid for entirely by Gulf, and automatically applies to all dollar-roll employees of Gulf.

Social Security This program provides monthly payments for your surviving eligible



Personal Data as of 1/1/79

Your Birth Date 09/29/21
Time-Service 13-03/12 YRS.
Benefit-Service 13-00/12 YRS.

Prepared Especially for

Name E H BRUNSTING Payroll
Employee No. 114162 Code 150000042 0000
Location GS&T ENGRG GENL CHEM PROCESSES

as of January 1, 1979 using service and earnings history through 1978.

Savings-Stock Bonus Plan

On February 9, 1979 the 1976 Term was distributed. You were entitled to:

—U.S. Bonds (at cost) and cash for account balance: NONE

—market value of Gulf Stock on date distributed plus cash for any fractional share: \$ 1,322.15 *
(included 0.55 shares at \$23,9375 per share.)

*For U.S. Income Tax purposes, this amount must be considered as ordinary income when received.

Shares of Gulf Stock transferred to your Long Term Stock Bonus Fund account on 2/9/79: NONE

Total shares of Gulf Stock in your Long Term Stock Bonus Fund account as of 2/10/79: NONE

Your participation in the 1977 and 1978 Terms: 1977 Term 1978 Term

Total contributions you made: \$ 2,766.96 \$ 2,933.28
Your contributions on deposit at 1/1/79: NONE \$ 2,933.28

Disability Benefits

If you are unable to work due to sickness or accident, all or part of your pay may be continued during temporary absences for these reasons. Workers' Compensation may be payable if a disability results from a job-related illness or accident. If severely disabled, you and your eligible dependents may qualify for monthly Social Security payments.

After six months of total disability you may qualify for monthly benefits from the Disability Income Insurance Plan. The monthly benefit is any amount needed to bring your income from any other Gulf benefits, primary Social Security, Workers' Compensation, etc., up to 50% of your final monthly compensation; however, if you have eligible dependents under Social Security, the total income is limited to 70%. Benefits under this Plan may continue as long as you are totally disabled.

If you become totally disabled, your Group Life Insurance Plan coverage may be continued during the disability at no cost to you. However, after age 65 your coverage will become subject to the regular reductions.

TRASOP

dependents. In addition there is a lump-sum funeral benefit of \$255.

Gulf Stock shares credited at 1/1/79: **56,0245** **61,9918**

The Gulf Tax Reduction Act Stock Ownership Plan was adopted effective from January 1, 1976. If you have been eligible to participate, you will receive separate annual statements showing your Gulf shareholdings in that Plan.

Upon termination of employment, 100% of your share of the Plan assets will always be payable on your account.

Are Your Beneficiary Designations Up To Date?

Gulf Pension Plan

Your Accrued Pension Amount

The estimated monthly regular retirement pension you had built up as of 1/1/79 (before any adjustment for the election of an option).

The calculations to the right show how your accrued pension estimate was figured.

\$ 751.16 B. 27% of \$ **381.00** (your CRP contributions at a rate of 1%, 2%, or 3%):

44% of \$ **1,176.16** (your CRP/SAP contributions after 1966 at a 1½% rate):

You can qualify for a deferred vested pension when you have 10 years of time-service or when you are at least age 50 and your years of age plus time-service equal 60 or more. You qualify for an immediate monthly Gulf pension upon regular, early or disability retirement.

AS OF 1/1/79 YOU WERE ELIGIBLE FOR A DEFERRED VESTED PENSION

C. 200% of CRP (and SAP "new rate") contributions with regular interest to 1/1/79 (\$ **2,299.03**);

150% of SAP "old rate" contributions with regular interest to 1/1/79 (\$ **0.00**);

\$ 4,598.06 times pension multiplier **6.833** for age **57**.

Accrued Contributory Allowance (Greatest of A, B or C):

Your Regular Retirement age as of 1/1/79: 65-00/12 YRS. Note: A and B above, just as the non-contributory figures to the right, do not reflect any discount that might apply for early retirement. However, C, above, is the minimum contributory allowance as of 1/1/79. When your retirement pension starts, this C amount will be higher because it will reflect the additional regular interest credited after 1/1/79 and the pension multiplier for your nearest year of age.

SEE OTHER SIDE OF STATEMENT FOR YOUR ADDITIONAL BENEFITS AFTER RETIREMENT

Your Monthly Contributory Allowance

A. 0.3% times **04,750** years you contributed to CRP/SAP: **01,425%** of \$ **3,805.53** (your average monthly compensation during 1976-1977-1978):

plus **0.00** (your CRP contributions 1/12 of 5.5% times \$ **0.00** after 1966 at a 3% rate):

A. = \$ 54.23 NONE

44% of \$ **1,176.16** (your CRP/SAP contributions after 1966 at a 1½% rate):

1/12 of \$ **620.38** times 110%:

B. = \$ 56.87 NONE

C. = \$ 31.42 NONE

TOTAL OF ACCRUED CONTRIBUTORY AND NON-CONTRIBUTORY ALLOWANCES:

Your Monthly Non-Contributory Allowance

1.6% times **08,000** years while not eligible to contribute to CRP/SAP: **12,800%** plus **54.23**

1.3% times **05,000** years while eligible to contribute to CRP/SAP: **06,500%**

19,300% of \$ **3,805.53** (your average monthly compensation during 1976-1977-1978):

Less **19,500%** of age **62,000** primary Social Security benefit of **\$354.60** (SEE NOTE 1):

\$ 102.87 Your non-contributory regular retirement allowance as computed above or, if greater, \$12 times **13,000** years of benefit-service: **\$ 665.32**

\$ 517.51 Your foreign/flight service allowance (SEE NOTE 2):

\$ 56.87 Additional allowance under Section 5A-3 of the Plan:

\$ 56.87 **Accrued Non-Contributory Allowance:**

\$ 4,598.06 **TOTAL OF ACCRUED CONTRIBUTORY AND NON-CONTRIBUTORY ALLOWANCES:**

Note: 1. Maximum Primary Social Security benefit for Plan purposes for a Dec. 31, 1978 retirement at age shown.
2. This amount is subject to reduction if you retire after your regular retirement age and after 1978.

Your Retirement Pension

You will receive a regular pension upon retirement at or after your regular retirement age. You can qualify for a disability retirement pension if you are totally and permanently disabled for six months and have had at least 15 years of time-service. Regular and disability retirement pensions are **not** discounted.

You can qualify for early retirement when your years of age plus time-service equal 75 or more, or, if you were a member of the SAP, when you reach age 55. If you retire early, your early retirement pension will start immediately unless you choose to defer it. When payments start, you will receive the percentage of your pension shown under Table A or Table B—whichever gives you the higher amount. (The **minimum** contributory allowance shown under Part C in your pension calculation on the other side would not be calculated according to these tables. Instead, it would be figured using the appropriate factor for your age when the pension starts.)

If Your Pension Starts This Number of Years Before Your Regular Retirement Age	Table A	You Will Receive This Percentage of Your Accrued Pension*
Up to 5	100%
6	95
7	90
8	85
9	80
10	75
11	70
12	65
13	60
14	55
15 or more	50

If Your Years of Age Plus Time-Service When Your Pension Starts Total	Table B	You Will Receive This Percentage of Your Accrued Pension*
95 or more	100.0%
94	97.5
93	95.0
92	92.5
91	90.0
90	87.5
89	85.0
88	82.5
87	80.0
86	77.5
85	75.0
84	72.5
83	70.0
82	67.5
81	65.0
80	62.5
79	60.0
78	57.5
77	55.0
76	52.5
75	50.0

*Percentage will be calculated to the nearest month

Your Additional Benefits After Regular, Early or Disability Retirement

Gulf Spouse-Pension

The Gulf Pension Plan provides a **surviving spouse-pension** equal to 40% of your pension automatically if you are a member who is married when your regular or early retirement pension starts. (If you retire on a disability pension, the spouse-pension is equal to 40% of the pension you would have received as an early retiree.) Your pension is not reduced to provide this 40% spouse-pension. It is provided entirely at Company expense.

Pensions From Acquired Company Plans

If you have earned a pension under an acquired company retirement plan for service before you became a member of the Gulf Pension Plan, it is in addition to the benefits shown on this statement. If you have such credits, you will receive a separate statement regarding them.

Pre-Social Security Allowance

If your retirement pension starts before age 62 and you are not entitled to Social Security disability benefits, you will receive an extra Company-paid allowance to help you until Social Security can start.

Social Security

You and Gulf share the costs of this program. Full benefits may be received at age 65 or earlier disability. Lower benefits may be received as early as age 62. A spouse who is at least age 62 may qualify for additional benefits. The maximum monthly primary benefit for employees applying for Social Security at age 65 on January 1, 1979 is \$503.40 (\$388.90 at age 62). This amount is based on the Social Security Act as in effect December 31, 1978.

Normal Form of Payment

In accordance with the provisions of the Employee Retirement Income Security Act, the "normal" form of pension payment for a member who is married at the pension starting date will be a lifetime pension reduced so as to provide a pension to the surviving husband or wife equal to 50% of the member's reduced pension. The "normal" form of pension payment will automatically apply unless a member elects not to take it. The Gulf-paid spouse-pension will be included as part of this 50%. Your Gulf Pension Plan figures shown on the other side of this Statement do **not** reflect this adjustment.

Medical Care

During your retirement, Gulf will make contributions of up to \$84.00 per month toward the cost of medical care until you and all your eligible dependent(s) qualify for Medicare (generally at age 65). Thereafter, Gulf will contribute up to \$8.00 per month for each eligible individual toward the cost of a medical program supplementing Medicare, either an individual program of your own choice or the voluntary program made available by Gulf.

Gulf Group Life Insurance Plan

When you retire you may continue your full coverage until age 65 provided you make any required contributions. Your contribution rate is 50¢ per month for each \$1,000 of insurance in excess of \$10,000. If your life insurance is continued in force until age 65 (whether you work until age 65 or retire earlier), it will decrease beginning at age 65. If you have been insured under Schedule Y (and, if applicable, Schedule Z) continuously from (a) within 90 days of the date you first became eligible or (b) from August 1, 1969 or, if later, (c) before attainment of age 40, your life insurance after age 65 will be approximately the following percentage of your **highest annual compensation rate:**

Age	65-66	66-67	67-68	68-69	69-70	70 and on
Percentage	100	90	80	70	60	50
	or, for an employee hired after 1978 who has less than 10 years of time-service at retirement, the following percentage for each year of time-service—					
	10	9	8	7	6	5

The **minimum** insurance after age 65 is \$3,000.

If you have any question about your entitlement to insurance after age 65, you can obtain a separate statement from the Insurance Department by requesting it through your Human Resources office.

Voluntary Group Accident Insurance

If you retire after 1977 and have been insured under the Connecticut General Voluntary Group Accident Insurance program for at least one year at the time of your retirement, you can continue your insurance after retirement (but only up to \$30,000) if you continue to pay the premiums.

FEDERAL INCOME TAX INFORMATION COVERING PAYMENTS
MADE UNDER THE SAVINGS-STOCK BONUS PLAN

NAME ELMER H BRUNSTING AND
NELVA E BRUNSTING JT TEN
13610 PINEROCK
HOUSTON TX 77079

EMPLOYEE NO- 114162
SOC SEC NO- 282-32-8905

FOR FEDERAL INCOME TAX
PURPOSES THIS PAYMENT
DOES QUALIFY AS A LUMP-SUM

YOUR SETTLEMENT AS DETAILED ON THE ATTACHED
AUTHORIZATION FOR SETTLEMENT IS TAXABLE AS
FOLLOWS:

SF CONTRIBUTIONS RETURNED(US SAVINGS BONDS)-NOT TAXABLE \$ 1,300.74
RECOVERED CONTRIBUTIONS FROM LTSF - NOT TAXABLE \$ 18,933.13 *21,598*
TAXABLE AS ORDINARY INCOME 26,094.90 *23,430.03*
TAXABLE AS CAPITAL GAINS INCOME .00
TOTAL AMOUNT OF SETTLEMENT PAID \$ 46,328.77
AMOUNT WITHHELD <\$.00>
AMOUNT ENCLOSED \$ 46,328.77

UNREALIZED APPRECIATION OF STOCK (AMOUNT BY WHICH MARKET VALUE EXCEEDS YOUR COST BASIS AS SHOWN ON THE AUTHORIZATION FOR SETTLEMENT) - NOT TAXABLE \$ 2,053.68

NOTICE TO RECIPIENTS OF QUALIFIED LUMP-SUM PAYMENTS: IF ANY PORTION OF THE TAXABLE PORTION OF A QUALIFIED LUMP-SUM IS SUBJECT TO FEDERAL INCOME TAX AS ORDINARY INCOME, YOU MAY BE ENTITLED TO USE A SPECIAL 10 YEAR AVERAGING METHOD IN COMPUTING THE TAX ON THAT ORDINARY INCOME PORTION. TO DO SO, YOU MUST COMPUTE THE TAX ON FORM 4972, SPECIAL 10 YEAR AVERAGING METHOD. THIS FORM IS AVAILABLE FROM YOUR NEAREST INTERNAL REVENUE SERVICE OFFICE.

FEDERAL INCOME TAX INFORMATION COVERING PAYMENTS
MADE UNDER THE SAVINGS-STOCK BONUS PLAN

NAME ELMER H BRUNSTING AND
NELVA E BRUNSTING JT TEN
13610 PINEROCK
HOUSTON TX 77079

EMPLOYEE NO- 114162
SOC SEC NO- 282-32-8905

FOR FEDERAL INCOME TAX
PURPOSES THIS PAYMENT
DOES QUALIFY AS A LUMP-SUM

YOUR SETTLEMENT AS DETAILED ON THE ATTACHED
AUTHORIZATION FOR SETTLEMENT IS TAXABLE AS
FOLLOWS:

SF CONTRIBUTIONS RETURNED(US SAVINGS BONDS)-NOT TAXABLE \$ 1,300.74

RECOVERED CONTRIBUTIONS FROM LTSP - NOT TAXABLE \$ 18,933.13

TAXABLE AS ORDINARY INCOME 26,094.90

TAXABLE AS CAPITAL GAINS INCOME .00

TOTAL AMOUNT OF SETTLEMENT PAID \$ 46,328.77

AMOUNT WITHHELD <\$.00>

AMOUNT ENCLOSED \$ 46,328.77

UNREALIZED APPRECIATION OF STOCK (AMOUNT BY WHICH MARKET VALUE EXCEEDS YOUR COST BASIS AS SHOWN ON THE AUTHORIZATION FOR SETTLEMENT) - NOT TAXABLE \$ 2,063.66

NOTICE TO RECIPIENTS OF QUALIFIED LUMP-SUM PAYMENTS: IF ANY PORTION OF THE TAXABLE PORTION OF A QUALIFIED LUMP-SUM IS SUBJECT TO FEDERAL INCOME TAX AS ORDINARY INCOME YOU MAY BE ENTITLED TO USE A SPECIAL 10 YEAR AVERAGING METHOD IN COMPUTING THE TAX ON THAT ORDINARY INCOME PORTION TO DO SO, YOU MUST COMPUTE THE TAX ON FORM 4972, SPECIAL 10 YEAR AVERAGING METHOD. THIS FORM IS AVAILABLE FROM YOUR NEAREST INTERNAL REVENUE SERVICE OFFICE.

FLASH STVN

P4560

BRUNSTING000829



DEPARTMENT OF REVENUE AND FINANCE
GERALD D. BAIR, DIRECTOR

December 14, 1989

Elmer H. Brunsting
13630 Pinesock
Houston, TX 77079

Dear Mr. Brunsting:

Your letter requested forms for making estimated payments on your Iowa source income. You also requested a copy of the Iowa inheritance tax rules and rate schedules.

Enclosed are the estimated income tax forms for non residents. Two copies are enclosed, one for filing and one for your records.

Also enclosed for your information is an Iowa 706 Inheritance Tax Return with schedules and instructions for completing the return. We do not have an inheritance tax booklet to send to you. An inheritance tax rate schedule is enclosed for your information.

Sincerely,

Helen Harvey
Taxpayer Service Specialist
Technical Services Division

HH/nw
enclosures

IOWA INHERITANCE TAX RATE SCHEDULE

Effective for Deaths on or after January 1, 1988

IF THE ENTIRE NET ESTATE OF THE DECEDENT IS LESS THAN \$10,000, THE TAX IS ZERO.

SCHEDULE A

SURVIVING SPOUSE

For deaths on or after January 1, 1988, the surviving spouse is entitled to full credit of tax. No tax is due on this share.

CHILD

IF THE SHARE BEFORE EXEMPTION IS:

Not over \$50,000 There is No Tax Due

Handwritten note:
 @ 80M said
 tax = 725
 x 5
 = 3625

If the share is OVER —	But not Over —	Tax is —	Of Excess Over —
\$ 50,000	\$ 55,000	\$ 1%	\$ 50,000
55,000	62,500	50 + 2%	55,000
62,500	75,000	200 + 3%	62,500
75,000	100,000	575 + 4%	75,000
100,000	125,000	1,575 + 5%	100,000
125,000	150,000	2,825 + 6%	125,000
150,000	200,000	4,325 + 7%	150,000
200,000	and up	7,825 + 8%	200,000

PARENT, GRANDCHILD & OTHER LINEAL DESCENDANTS

IF THE SHARE BEFORE EXEMPTION IS:

Not over \$15,000 There is No Tax Due

If the share is OVER —	But not Over —	Tax is —	Of Excess Over —
\$ 15,000	\$ 20,000	\$ 1%	\$ 15,000
20,000	27,500	50 + 2%	20,000
27,500	40,000	200 + 3%	27,500
40,000	65,000	575 + 4%	40,000
65,000	90,000	1,575 + 5%	65,000
90,000	115,000	2,825 + 6%	90,000
115,000	165,000	4,325 + 7%	115,000
165,000	and up	7,825 + 8%	165,000

SCHEDULE B

Brother, Sister, (including half-brother, half-sister,) son-in-law, daughter-in-law, and stepchildren (There is NO exemption).

IF THE SHARE IS:

Not over \$12,500

Tax is 5% of the share

OVER —	But not Over —	Tax is —	Of Excess Over —
\$ 12,500	\$ 25,000	\$ 625 + 6%	\$ 12,500
25,000	75,000	1,375 + 7%	25,000
75,000	100,000	4,875 + 8%	75,000
100,000	150,000	6,875 + 9%	100,000
150,000	and up	11,375 + 10%	150,000

SCHEDULE C

Grandparent, Uncle, Aunt, Niece, Nephew, Foster Child, Cousin, Brother-in-law, Sister-in-law, Step Grandchild, and all other individual persons (There is NO exemption).

IF THE SHARE IS:

Not over \$50,000

Tax is 10% of the share

OVER —	But not Over —	Tax is —	Of Excess Over —
\$ 50,000	\$100,000	\$ 5,000 + 12%	\$ 50,000
100,000	and up	11,000 + 15%	100,000

P4562

SCHEDULE D

A firm, corporation or society organized for profit, including an organization failing to qualify as charitable, educational or religious organization.

15% of the amount

SCHEDULE E

A charitable, educational or religious organization, organized under the law of a foreign country, and such organizations organized under the law of another state of the United States, which does not grant an exemption to a like Iowa organization, and bequests for religious services in excess of \$500.00.

10% of the amount.

SCHEDULE F Unknown heirs, as distinguished from beneficiaries who are not presently ascertainable, due to contingent events.

5% of the amount

SCHEDULE G A charitable, religious, educational and veterans organization organized under the laws of the State of Iowa and also those organized under the laws of the other states of the United States of America, if that state grants a reciprocal exemption to like Iowa organizations. Public libraries, public art galleries, hospitals, humane societies, municipal corporations and bequests for care of cemetery lots, within the state of Iowa. Bequests for religious services not in excess of \$500.00.

Entirely Exempt

No Tax

IOWA INHERITANCE TAX RETURN

Decedent's first name and middle initial	Decedent's Last Name	Age at Death	Date of Death
Domicile at time of death	Federal Identification Number	Decedent's social security number	
Name of Executor		Executor's social security number	
Executor's Address (Number and Street including apt. no. or rural route, city, town or post office, state and zip code)			
Indicate county and state where will was probated or estate administered			Probate Number
County	State		
The inheritance tax clearance is to be mailed to: Name		Address	Telephone Number

COMPUTATION OF SHARES AND TAX ON NET ESTATE

- 1. Real Estate (from Schedules A, E and G) 1
- 2. All Other Property 2
- 3. Total Gross Estate (must equal line 36, page 2) 3
- 4. Total Allowable Deductions (from line 40, page 2) 4
- 5. Net Estate (subtract line 4 from line 3) 5

6. Computation of Shares and Tax

Name and Address of Beneficiary	Age	Social Security No.	Relationship	Share	Inheritance Tax

- 7. Total of Shares (attach any additional computation sheets) 7
- 8. **TOTAL INHERITANCE TAX** 8
- 9. **IOWA ESTATE TAX.** Federal credit for state death taxes (line 15 of Federal 706) ... 9
- 10. **TAX DUE** (line 8 or 9 whichever is GREATER) 10
- 11. **PENALTY** (see instructions - IA FORM 60-066) 11
- 12. **INTEREST** 12
- 13. **TOTAL DUE**—Make checks payable to: **TREASURER, STATE OF IOWA** 13

MAIL RETURN TO: Iowa Department of Revenue and Finance, Hoover State Office Bldg., P.O. Box 10467, Des Moines, Iowa 50306

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than the executor is based on all information of which preparer has any knowledge. I/We grant power of attorney to the person designated on page 2 for the purposes indicated.

Signature	Capacity or Title	Date
Signature of Preparer	Address (and ZIP Code)	Date

INSTRUCTIONS FOR IOWA INHERITANCE TAX RETURN (IA 706)

GENERAL

RETURN REQUIRED: An inheritance tax return must be filed by the fiduciary of any estate or trust when the gross share subjected to tax without reduction for liabilities, of any beneficiary, heir, transferee, or surviving joint tenant exceeds the allowable exemption for such share.

If the estate has filed a federal estate tax return a copy must be submitted with the Iowa return.

If the federal estate tax return includes the schedules of assets and liabilities, the taxpayer may omit Iowa Schedules A through I from the return. When Iowa schedules are filed with the return, only those schedules which apply to the particular assets and liabilities of the estate are required. Iowa schedules A through I may be replaced with the Iowa Bar probate schedules or any commercially prepared schedules if those schedules are substantially identical to the Department's prepared schedules and all assets subject to inheritance tax are reported. **NOTE:** Only the Department's Inheritance Tax Return and the liabilities schedules J and K will be accepted.

A return merely listing the assets and their values when the gross estate is in excess of \$10,000 is not sufficient in nontaxable estates. In this case the return must be amended to list the schedule of liabilities and the computation of the net estate before an inheritance tax clearance can be issued.

ALSO, a return must be filed to clear title to real estate.

DATE FOR FILING:

For future property interest created prior to July 1, 1981, a supplemental tax return shall be filed and tax paid one year after death of the life tenant.

For future property interest created after July 1, 1981, but not prior to July 1, 1984, a supplemental tax return shall be filed and tax paid nine months after death of the life tenant.

For future property interest created after July 1, 1984, a supplemental tax return shall be filed and tax paid by the last day of the ninth month after death of the life tenant.

The return shall provide for schedules listing the assets includible in the gross estate, a listing of the liabilities deductible in computing the net estate and a computation of the tax due, if any, on each share of the net estate.

The return must be filed and any tax due, paid on all property coming into present possession and enjoyment, within nine months after death for estates of decedents dying after June 30, 1981 and before July 1, 1984.

For deaths on or after July 1, 1984, the tax shall be paid to the Department on or before the last day of the ninth month after the death of the decedent.

POWER OF ATTORNEY — Completing the authorization on page 2 will authorize the attorney to represent the estate and receive confidential information, but will not authorize the attorney to enter into closing agreements for the estate.

ALTERNATE VALUATION — Effective for estates of decedents dying on or after July 1, 1983, alternate value may be used on the same terms and conditions which govern the alternate valuation for federal estate tax purposes. **NOTE:** The alternate value cannot be used for Iowa purposes unless used for federal estate tax purposes and a federal estate tax return is required to be filed.

In general, the alternate valuation date is the date six months after the decedent's death. If the property is sold within the six-month period, the date of sale is the alternate date for valuing the property sold.

If the election is made, all of the property included in the gross estate and not just a portion of the property sold must be valued at the alternate valuation.

If the alternate valuation is elected, the value established for federal estate tax purposes shall also be the alternate value for inheritance tax purposes.

Failure to indicate on line 25 of the inheritance tax return the election of alternate valuation shall be construed as a decision not to elect an alternate valuation date.

SPECIAL USE VALUATION — Effective for estates of decedents dying on or after July 1, 1982, real estate which has been valued at its special use value under 26 U.S.C. Section 2032A for computing the federal estate tax, is eligible to be valued for inheritance tax purposes at its special use value.

Real estate cannot be specially valued for inheritance tax purposes unless it is also eligible and is valued at its special use value for federal estate tax purposes. However, even though real estate is specially valued for federal estate tax purposes, the estate has the right to elect or not to elect to value real estate at its special use value for computing the inheritance tax. **NOTE:** The special use value cannot be used for Iowa purposes if a special use election for federal estate tax purposes has no effect on the federal tax.

The election to specially value real estate under provisions of Iowa Code Chapter 450B must be made by the fiduciary for the estate or trust on the inheritance tax return. The election, once made, is irrevocable. Failure to make an election on the inheritance tax return shall be construed as an election not to specially value real estate under Iowa Code Chapter 450B.

A copy of the executed election for federal estate tax purposes, must be timely filed with the Iowa Department of Revenue.

The agreement must be executed by all parties who have interest in the property to be valued at its special use as of the date of the decedent's death. In the agreement, the qualified heir must consent to be personally liable for the additional inheritance tax imposed in the event of early disposition or cessation of the qualified use.

A protective election may be made to specially value qualified real property for inheritance tax purposes. The protective election must be made on the inheritance tax return and shall contain the same information required by federal regulation section 20-2032A-8(b).

If a protective election is made and it is found the real estate qualifies for special use valuation as finally determined for federal estate tax purposes, an additional notice of election must be filed within 60 days after date of determination, along with an amended inheritance tax return. Failure to file the additional notice within 60 days shall disqualify the real estate for special use valuation.

GROSS ESTATE — Includes all those items or interests in property passing by any method of transfer specified in Iowa Code Section 450.3.

INHERITANCE TAX CLEARANCE — Effective July 1, 1983, the distinction between full payment and partial payment clearances was abolished. Only full payment clearances will be issued. A full payment clearance will be issued only after the tax, penalty and interest have been paid in full. **NOTE:** Only an original inheritance tax clearance will be issued by the Department. The personal representative is required to designate on the return who is to receive the clearance. If the return fails to designate a recipient, the clearance will be sent to the clerk of the district court.

COMPUTATION OF SHARES & TAX ON NET ESTATE

PAGE 1

- Line 1 Report total value of all real estate reported in schedules A, E or E-1, and G.
- Line 2 Report total value of all other property listed in schedules B, C, D, E or E-1, F or F-1, G, H, and I.
- Line 3 Add line 1 and line 2. **NOTE:** Total must equal line 36, page 2.
- Line 4 Report total from line 40, page 2.
- Line 5 Subtract line 4 from line 3.
- Line 6 **Beneficiary** — List full name and current address of each beneficiary, heir, transferee or surviving joint tenant.
- Age** — Report age of the beneficiary, heir, transferee, or surviving joint tenant.
- Social Security Number** — Report the social security number of each beneficiary, heir, transferee or surviving joint tenant.
- Relationship** — Report the legal relationship of each beneficiary, heir, transferee or surviving joint tenant to that of the decedent.
- Share** — Report the net share of each beneficiary, heir, transferee or surviving joint tenant. **NOTE:** The net share subject to tax is the gross share, less that portion of allowable liabilities deductible which are chargeable to the share under the law of abatement of shares. Attach a copy of your computation of shares.
- Line 7 Must equal line 5.
- Line 8 **Inheritance tax** — the tax is computed in accordance with the applicable rate schedule to the net share of each beneficiary, heir, transferee or surviving joint tenant.
- Line 9 Report the Federal credit for State death taxes paid which is allowable as a credit against Federal Estate Tax, see line 13 of Federal 706.
- Line 10 Report the greater amount from line 8 or line 9.
- Line 11 Effective for estates of decedents dying on or after January 1, 1981, a penalty of 5% per month not to exceed 25% is imposed for failure to file the return or failure to pay 90% of the tax required to be shown as due within the time prescribed by law (taking into consideration any extensions of time to file and pay), unless failure is due to reasonable cause.
- Effective January 1, 1985 any tax which is due and payable on or after that date, a penalty of 5% is imposed for failure to remit at least 90% of the tax due with the return on or before the due date, or for failure to pay at least 90% of the tax required to be shown on the return.

Effective January 1, 1987, a penalty of 7.5% is imposed for failure to timely pay at least 90% of the tax when filing the return.

- Line 12 Unpaid tax draws interest at a rate of 8% per annum until December 31, 1981. See Section 730—10.2 of the Iowa Administrative Code for the statutory interest rate commencing on or after January 1, 1982.
- Line 13 **TOTAL DUE:** Add lines 10, 11, 12.
- Signature — the return must be signed under penalty of perjury by at least one of the fiduciaries of the estate or trust.

PAGE 2

- Line 27 Report total value from schedule A.
- Line 28 Report total value from schedule B.
- Line 29 Report total value from schedule C.
- Line 30 Report total value from schedule D that would be subject to inheritance tax. **NOTE:** if insurance is credit life or burial insurance, these are offsets against the debt and must be reported as taxable.
- Line 31 Report total from schedule E and/or schedule E-1 of the Iowa State Bar Association. **NOTE:** if any schedules other than the department schedules are used, the amount subject to inheritance tax must be written or typed in below the total value column of the schedule E and/or schedule E-1.
- Line 32 Report total value from supplemental schedule F and/or schedule F-1.
- Line 33 For death prior to July 1, 1984, report total value from supplemental schedule G. For death on or after July 1, 1984, report the amount over the Annual Gift Tax Exclusion. **NOTE:** the date of Federal Unified Credit claimed and the amount claimed must be reported in the description column of the supplemental schedule. **ALSO:** attach copies of Federal Gift Tax Return.
- Line 34 Report total from supplemental schedule H.
- Line 35 Report total from supplemental schedule I.
- Line 36 Add lines 27 through 35.
- Line 37 Report total from supplemental schedule J.
- Line 38 Report total from supplemental schedule K, part I.
- Line 39 Report total from supplemental schedule K, part II.
- Line 40 Add lines 37 through 39.

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IOWA INHERITANCE TAX RETURN

Decedent's first name and middle initial	Decedent's Last Name	Age at Death	Date of Death
Domicile at time of death	Federal Identification Number	Decedent's social security number	
Name of Executor		Executor's social security number	
Executor's Address (Number and Street including apt. no. or rural route, city, town or post office, state and zip code)			
Indicate county and state where will was probated or estate administered			Probate Number
County	State		
The inheritance tax clearance is to be mailed to:		Telephone Number	
Name	Address		

COMPUTATION OF SHARES AND TAX ON NET ESTATE

- 1. Real Estate (from Schedules A, E and G) 1
- 2. All Other Property 2
- 3. Total Gross Estate (must equal line 36, page 2) 3
- 4. Total Allowable Deductions (from line 40, page 2) 4
- 5. Net Estate (subtract line 4 from line 3) 5

6. Computation of Shares and Tax

Name and Address of Beneficiary	Age	Social Security No.	Relationship	Share	Inheritance Tax

- 7. Total of Shares (attach any additional computation sheets) 7
- 8. **TOTAL INHERITANCE TAX** 8
- 9. **IOWA ESTATE TAX**. Federal credit for state death taxes (line 15 of Federal 706) ... 9
- 10. **TAX DUE** (line 8 or 9 whichever is GREATER) 10
- 11. **PENALTY** (see instructions - IA FORM 60-066) 11
- 12. **INTEREST** 12
- 13. **TOTAL DUE**—Make checks payable to: **TREASURER, STATE OF IOWA** 13

MAIL RETURN TO: Iowa Department of Revenue and Finance, Hoover State Office Bldg., P.O. Box 10467, Des Moines, Iowa 50306

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than the executor is based on all information of which preparer has any knowledge. If we grant power of attorney to the person designated on page 2 for the purposes indicated.

Signature	Capacity or Title	Date
Signature of Preparer	Address (and ZIP Code)	Date

Estate of:

SCHEDULE A—Real Estate

(Jointly owned property must be disclosed on Schedule E, see the Instructions for Schedule E.)

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				
TOTAL. (Also enter in the Summary of Gross Estate, page 2, line 27.)				

Estate of:

SCHEDULE B—Stocks and Bonds

"Dividends which have been declared as of the date of death must also be reported on this schedule for stocks listed herein"
(Jointly owned property must be disclosed on Schedule E, see the Instructions for Schedule E.)

Item number	Description including face amount of bonds or number of shares and par value where needed for identification	Unit value	Alternate valuation date	Alternate value	Value at date of death
1					

TOTAL. (Also enter in the summary of Gross Estate, page 2, line 28.)

Estate of:

SCHEDULE C—Mortgages, Notes, and Cash

"Accrued interest to the date of death must be reported on all assets bearing interest which are reportable under this schedule"
(Jointly owned property must be disclosed on Schedule E, see the Instructions for Schedule E.)

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				
TOTAL. (Also enter in the Summary of Gross Estate, page 2, line 29.)				

Estate of:

SCHEDULE D—Insurance on the Decedent's Life

Identify policy or contract, designated beneficiary, amount, and show value

Item number	Description	Value at Date of Death	Taxable Value
1			
	Total Value all Insurance		

TOTAL Amount subject to tax. Enter in the Summary of Gross Estate, page 2, line 30

Estate of:

SCHEDULE E—Jointly Owned Property

Part I Qualified joint interests—interests held by the decedent and his or her spouse as the only joint tenants.

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				

1(a) Totals

1(b) Amounts included in gross estate (If less than 50% submit proof of contribution)

Part II All other joint interests

2(a) State the name and address of each surviving co-tenant. If there are more than 3 surviving co-tenants list the additional co-tenants on an attached sheet.

Name	Address (number and street, city, State, and ZIP code)
A.	
B.	
C.	

Item number	Enter letter to co-tenant	Description (include alternate valuation date if any)	Percentage includible	Includible alternate value	Includible value at date of death

2(b) Total other joint interests

Total includible joint interests (add lines 1(b) and 2(b)). Also enter in the Summary of Gross Estate, page 2, line 31

Estate of:

SCHEDULE F—Other Miscellaneous Property Not Reportable Under Any Other Schedule

(Jointly owned property must be disclosed on Schedule E, see the Instructions for Schedule E.)

1 Did the decedent, at the time of death, own any articles of artistic or collectible value in excess of \$3,000 or any collections whose artistic or collectible value combined at date of death exceeded \$3,000? If "Yes," full details must be submitted on this schedule.

Yes No

2 Has the decedent's estate, spouse, or any other person, received (or will receive) any bonus or award as a result of the decedent's employment or death? If "Yes," full details must be submitted on this schedule.

Yes No

3 Did the decedent at the time of death have, or have access to, a safe deposit box? If "Yes," state locations, and if held in joint names of decedent and another, state name and relationship of joint depositor.

Yes No

If any of the contents of the safe deposit box are omitted from the schedules in this return, explain fully why omitted.

4 Did the decedent, at the time of death, own any other miscellaneous property not reportable under any other schedule? If "Yes," full details must be submitted on this schedule.

Yes No

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
PART I	1			
	1	Miscellaneous property exempt from Execution		
PART II				
	TOTAL. (Also enter in the Summary of Gross Estate, page 2, line 32.)			

Estate of:

SCHEDULE G—TRANSFERS DURING DECEDENT'S LIFE

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1	<p>A List all gifts made within three years of death. Indicate the name and relationship of the donee, and date gifts were made. Proof must be submitted in support of exclusion claimed.</p> <p>B List all transfers in which the decedent retained a life estate or interest, or which were to take effect in possession or enjoyment at death. List the date of the transfers, the description of the property transferred, the consideration, if any, the value of the property at death, or the alternate value if elected, and the name and relationship of the transferee.</p>			

TOTAL. (Also enter in the Summary of Gross Estate, page 2, line 33.)

SCHEDULE H POWERS OF APPOINTMENT

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				

TOTAL. (Also enter in the Summary of Gross Estate, page 2, line 34 if the power was exercised.)

Estate of:

SCHEDULE I—Annuities

1a Was the decedent, immediately before death, receiving an annuity described in the "General" paragraph of the federal instructions for this schedule?	Yes	No
1b If "Yes," was the annuity paid pursuant to an approved plan described in the federal instructions for this schedule?		
1c If the answer to "1b" is "Yes," state the ratio of the decedent's contribution to the total purchase price of the annuity		
2a If the decedent was employed at the time of death, did an annuity as described in paragraph (d) of the "Annuity defined" in the federal instructions for this schedule become payable to any beneficiary because the beneficiary survived the decedent?		
2b If "Yes," state the ratio of the decedent's contribution to the total purchase price of the annuity.		
3a Did an annuity under an individual retirement account, annuity, or bond described in section 2039(e) IRC become payable to any beneficiary because the beneficiary survived the decedent?		
3b If "Yes," is the annuity payable to the beneficiary for life or for at least 36 months following decedent's death?		
3c If the answer to "3a" is "Yes," state the ratio of the amount paid for the individual retirement account, annuity, or bond that was not allowable as an income tax deduction under section 219 IRC (other than a rollover contribution) to the total amount paid for the account, annuity or bond.		

Item number	Description	Alternate valuation date	Alternate value	Value at date of death
1				
TOTAL. (Also enter in the Summary of Gross Estate, page 2, line 35.)				

Estate of:

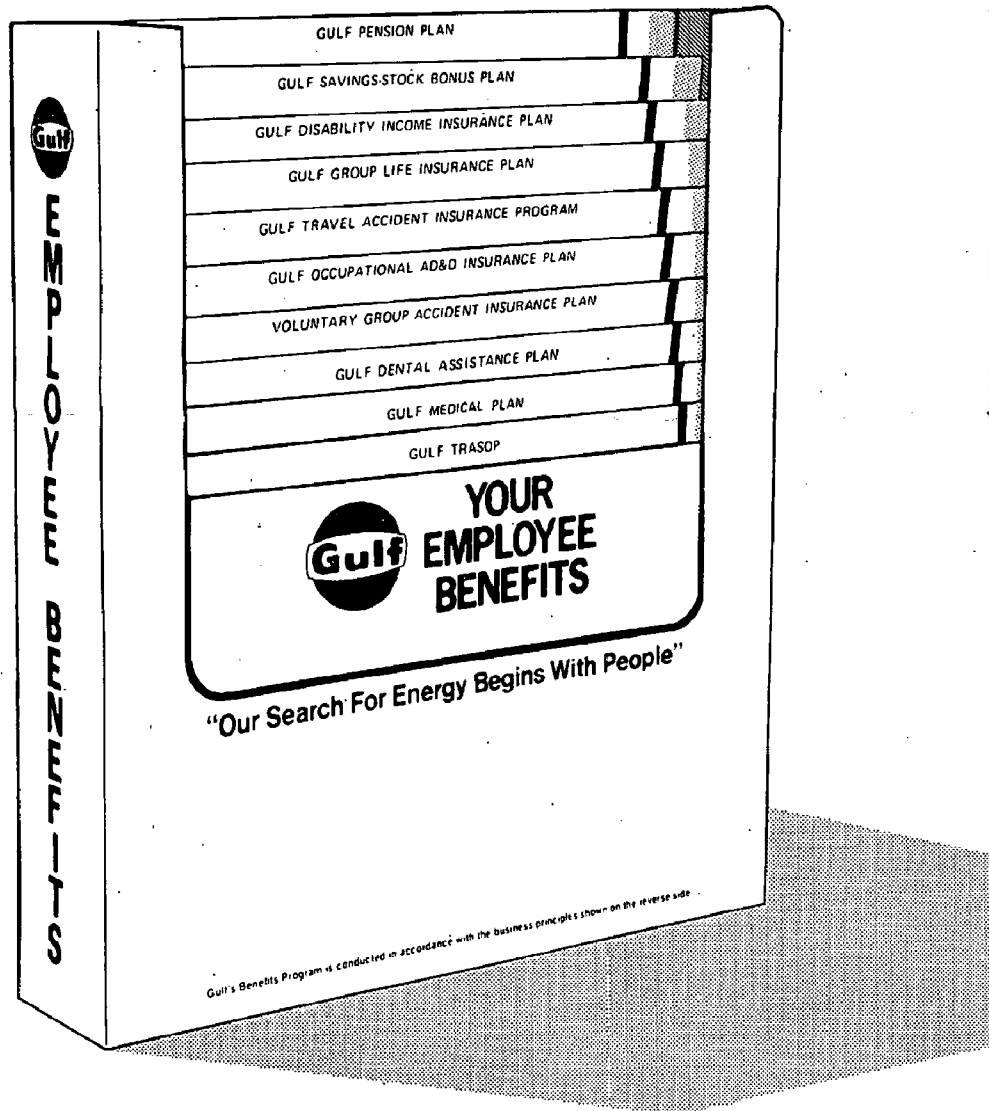
SCHEDULE K—Debts of the Decedent, and Mortgages and Liens

Item number	Debts of the Decedent—Creditor and nature of claim	Amount
PART I	Total	_____
	<p>Iowa Portion of Debts for use only if decedent had property outside Iowa</p> <p>1. Iowa Percentage: divide total Iowa Gross Estate by total Gross Estate _____ %</p> <p>2. Pro-rated Amount Deductible: multiply total above by percentage _____</p>	

TOTAL: Enter applicable total or pro-rated total here and also in the Summary of Deductions, page 2, line 38.

Item number	Mortgages and Liens—Identify Property	Amount
PART II	1	
	TOTAL. (Also enter in the Summary of Deductions, page 2, line 39)	

1981 Annual Employee Benefits Statement



It's Time To Check Your Benefits



Dear fellow employee:

This statement is intended to give you a brief description of the Gulf Employee Benefits Program and information regarding your participation.

It is only a statement for your convenience and is in all respects subject to the terms and conditions contained in the official texts of the Plans and Policies which constitute the Gulf Employee Benefits Program.

Coverages and amounts of benefits shown are based on records of personal data as of January 1, 1981. These include your age and service shown in the "Personal Data" section of this statement.

All possible care has been taken to assure accuracy. If you have a question about any item on your statement, please consult your supervisor or Human Resources Representative so that it can be verified or corrected. See your employee benefits booklets for more information about each of these plans. Official plan texts are also available to employees on an individual basis. If you cannot secure an answer to your question, please feel free to write directly to me.

Gerald W. Bush

Gerald W. Bush
Senior Vice President—Human Resources
Gulf Oil Corporation
P.O. Box 1166
Pittsburgh, Pa. 15230

Health Care Benefits

In 1981, Gulf contributes up to \$47.00 per month toward the cost of your coverage under the new Gulf Medical Plan or other qualifying medical program, or up to \$120.50 per month for you and your dependent(s). If you are enrolled in the new Gulf Dental Assistance Plan or other qualifying dental program, Gulf contributes \$4.00 per month toward your coverage, or up to \$15.50 per month towards coverage for you and your dependent(s).

Survivor Benefits

Group Life Insurance Plan Your coverage as of 1/1/81:

SCHEDULE Y \$ 20,000
SCHEDULE Z \$ 114,000 \$ 134,000

Connecticut General Voluntary Group Accident Insurance Plan As of 1/1/81 you had elected this amount of coverage:

\$ 50,000

Occupational Accident Insurance

The Gulf Travel Accident Insurance Plan is paid for entirely by Gulf. It is intended primarily to provide accidental death benefits of up to three times annual pay for employees while flying on Company business.

The Gulf Occupational Accidental Death and Dismemberment Insurance Plan provides benefits of up to \$25,000 for all other occupational accidental death and dismemberment cases, is paid for entirely by Gulf, and automatically applies to all dollar-roll employees of Gulf.

Savings-Stock Bonus Plan Any bonds and cash you have in the Savings Funds will be delivered to the person(s) entitled to them. In addition, your share of the Stock Bonus Funds, and any stock you have in the Long Term Stock Bonus Fund, will be delivered to your beneficiary.

Gulf Pension Plan This is the lump-sum survivor benefit as of 1/1/81:

\$ 62,074.16

If you die while you are eligible for early or regular retirement, and if you designated your husband or wife (or a trustee if certain requirements are met) as sole beneficiary under this Plan, he or she will receive a lifetime pension or may elect the lump-sum benefit. This survivor pension would generally be more valuable than the lump-sum benefit.

Disability Benefits

If you are unable to work due to sickness or accident, all or part of your pay may be continued temporarily. Workers' Compensation may be payable if a disability results from a job-related illness or accident. If severely disabled, you and your eligible dependents may qualify for monthly Social Security payments.

After six months of total disability you may qualify for monthly benefits from the Disability Income Insurance Plan. The monthly benefit is any amount needed to bring your income from any other Gulf benefits, primary Social Security, Workers' Compensation, etc., up to 50% of your final monthly compensation; however, if you have eligible dependents under Social Security, the total income is limited to 70%. Benefits under this Plan may continue as long as you are totally disabled.

If you become totally disabled, your Group Life Insurance Plan coverage may be continued during the disability at no cost to you. However, after age 65 your coverage will become subject to post-retirement reductions.

Savings-Stock Bonus Plan

On February 13, 1981 the 1978 Term was distributed. You were entitled to:

—U.S. Bonds (at cost) and cash for account balance: NONE
—market value of Gulf Stock on date distributed \$ 2,664.87*
plus cash for any fractional share:
(included 69 shares at \$38.25 per share.)
*For U.S. Income Tax purposes, this amount must be considered as ordinary income when received.

Shares of Gulf Stock transferred to your Long Term Stock Bonus Fund account on 2/13/81: 69.5915

Total shares of Gulf Stock in your Long Term Stock Bonus Fund account as of 2/14/81: 69.5915

Your participation in the 1979 and 1980 Terms:

	1979 Term	1980 Term
Total contributions you made:	\$ 3,152.40	\$ 2,705.40
Your contributions on deposit at 1/1/81:	NONE	\$ 2,705.40
Gulf Stock shares credited at 1/1/81:	55.1121	42.1371

If you have voluntary Additional Contributions in the Long Term Savings Fund of the Plan, you receive separate statements showing the status of your account(s) in that fund. Upon termination of employment, 100% of your share of the Plan assets will always be payable on your account.

Prepared Especially for

Name E H BRUNSTING Payroll
Employee No. 114162 Code 150000042 0000
Location G&T ENGRG GENERAL

as of January 1, 1981 using service and earnings history through 1980.

Personal Data as of 1/1/81

Your Birth Date 09/29/21
Time-Service 15-03/12 YRS.**
Benefit-Service 15-00/12 YRS.
** INCLUDES PLAN SECTIONS
3B AND 3C EXTRA CREDITS

Social Security This program provides monthly payments for your surviving eligible dependents. In addition there is a lump-sum funeral benefit upon your death of \$255.

TRASOP

If you have been eligible to participate in the Gulf TRASOP, you receive a separate annual statement showing your Gulf shareholdings in that Plan.

Are Your Beneficiary Designations Up To Date?

Gulf Pension Plan

Your Accrued Pension Amount

The estimated monthly regular retirement pension you had built up as of 1/1/81: **\$ 1,014.16**

Your Monthly Contributory Allowance

A. 0.3% times 4.750 years you contributed to CRP/SAP:
 1.425% of \$ 4,496.61 (your average monthly compensation during 1978-1979-1980): **\$ 64.08**

plus

1/12 of 5.5% times \$ 0.00 your CRP contributions after 1966 at a 3% rate): **NONE**

A. = \$ **64.08**

B. 27% of \$ 381.00 your CRP contributions at a rate of 1%, 2%, or 3%): **\$ 102.87**

plus

44% of \$ 1,176.10 your CRP/SAP contributions after 1966 at a 1 1/2% rate): **\$ 517.51**
 1/12 of \$ 620.30 times 110%): **\$ 56.87**

B. = \$ **56.87**

C. 200% of CRP (and SAP "new rate") contributions with regular interest to 1/1/81 (\$ 2,534.60)

150% of SAP "old rate" contributions with regular interest to 1/1/81 (\$ 0.00)

\$ 5,069.36 times pension multiplier **7.107** (page 59)
 C. = \$ **36.33**

Accrued Contributory Allowance (Greatest of A, B or C): **\$ 64.08**

Your Right To A Pension

You can qualify for a deferred vested pension when you have 10 years of time-service or when your years of age plus time-service equal 60 or more. You qualify for an immediate monthly Gulf pension upon regular, early or disability retirement.

AS OF 1/1/81 YOU WERE ELIGIBLE FOR A DEFERRED VESTED PENSION

Your Monthly Non-Contributory Allowance

1.425% 1.6% times 10.00 years while not eligible to contribute to CRP/SAP: **16.000%**
 plus
 \$ **64.08**

1.3% times 5.00 years while eligible to contribute to CRP/SAP: **6.500%**

22.500% \$ 4,496.61 your average monthly compensation during 1978-1979-1980): **\$ 1,011.74**

Less 1.5% times 15.00 years Benefit-Service (50% maximum), or 22.500% 62.00 estimated primary Social Security benefit of \$ 402.80 (SEE NOTE 1): **\$ 90.63**

Your non-contributory regular retirement allowance as computed above or, if greater, \$12 times 15.00 years of benefit-service: **\$ 921.11**

Your foreign/flight service allowance (SEE NOTE 2): **NONE**

Additional allowance under Section 5A-3 of the Plan: **\$ 28.97**

Accrued Non-Contributory Allowance: **\$ 950.08**

TOTAL OF ACCRUED CONTRIBUTORY AND NON-CONTRIBUTORY ALLOWANCES: \$ 1,014.16

Your Regular Retirement age as of 1/1/81: **65-00/12** YR NOTE: A and B above, just as the non-contributory figures to the right, do not reflect any discount that might apply for early retirement. However, C, above, is the minimum contributory allowance as of 1/1/81. When your retirement pension starts, this C amount will be higher because it will reflect the additional regular interest credited after 1/1/81 and the pension multiplier for your nearest year of age.

SEE OTHER SIDE OF STATEMENT FOR YOUR ADDITIONAL BENEFITS AFTER RETIREMENT

NOTE: 1. Maximum Primary Social Security benefit for Plan purposes for a December 31, 1980 retirement at age shown.
 2. This amount is subject to reduction if you retire after your regular retirement age and after 1980.

Your Retirement Pension

You will receive a regular pension upon retirement at or after your regular retirement age. You can qualify for a disability retirement pension if you are totally and permanently disabled for six months and have had at least 15 years of time-service. Regular and disability retirement pensions are **not** discounted.

You can qualify for early retirement when your years of age plus time-service equal 75 or more, or, if you were a member of the SAP, when you reach age 55. If you retire early, your early retirement pension will start immediately unless you choose to defer it. When payments start, you will receive the percentage of your pension shown under Table A or Table B—whichever gives you the higher amount. (The **minimum** contributory allowance shown under Part C in your pension calculation on the other side would not be calculated according to these tables. Instead, it would be figured using the appropriate factor for your age when the pension starts.)

If Your Pension Starts This Number of Years Before Your Regular Retirement Age	Table A	You Will Receive This Percentage of Your Accrued Pension*
Up to 5		100%
6		95
7		90
8		85
9		80
10		75
11		70
12		65
13		60
14		55
15 or more		50

If Your Years of Age Plus Time-Service When Your Pension Starts Total	Table B	You Will Receive This Percentage of Your Accrued Pension*
95 or more		100.0%
94		97.5
93		95.0
92		92.5
91		90.0
90		87.5
89		85.0
88		82.5
87		80.0
86		77.5
85		75.0
84		72.5
83		70.0
82		67.5
81		65.0
80		62.5
79		60.0
78		57.5
77		55.0
76		52.5
75		50.0

*Percentage will be calculated to the nearest month

Your Additional Benefits After Regular, Early or Disability Retirement

Gulf Spouse-Pension

The Gulf Pension Plan provides that the person married to you at the time your retirement pension starts will be entitled to a **completely Gulf paid** lifetime spouse-pension after your death. This spouse-pension—equal to 40% of your regular or early pension at retirement—will also be part of any additional spouse protection you may elect. (If you retire on a disability pension, the spouse-pension is equal to 40% of the pension you would have received as an early retiree.) Your pension is not reduced to provide the 40% spouse-pension. **This means greater lifetime benefits for you, added protection for your husband or wife.**

Pensions From Acquired Company Plans

If you have earned a pension under an acquired company retirement plan for service before you became a member of the Gulf Pension Plan, it is in addition to the benefits shown on this statement. If you have such credits, you will receive a separate statement regarding them.

Pre-Social Security Allowance

If your retirement pension starts before age 62 and you are not entitled to Social Security disability benefits, you will receive an extra Company-paid allowance to help you until Social Security can start.

Social Security 1981

You and Gulf share the costs of this program. Full benefits may be received at age 65 or earlier disability. Lower benefits may be received as early as age 62. A spouse who is at least 62 may qualify for additional benefits. The maximum monthly primary benefit for employees applying for Social Security at age 65 in January 1981 is \$677.00 (\$432.00 at age 62). This amount is based on the Social Security Act as in effect December 31, 1980.

Normal Form of Payment

In accordance with the provisions of the Employee Retirement Income Security Act, the "normal" form of pension payment for a member who is married at the pension starting date will be a lifetime pension reduced so as to provide a pension to the surviving husband or wife equal to 50% of the member's reduced pension. The "normal" form of pension payment will automatically apply unless a member elects not to take it. The Gulf-paid spouse-pension will be included as part of this 50%. Your Gulf Pension Plan figures shown on the other side of this Statement do not reflect this adjustment.

Medical Care

During your retirement, Gulf will make contributions of up to \$120.50 per month toward your cost of medical care for you and all your eligible dependents before Medicare applies (generally at age 65). Once an eligible individual qualifies for Medicare, Gulf will contribute up to \$17.00 per month for that individual toward the cost of a medical program supplementing Medicare—either the new Gulf Medical Plan or that person's own individual program. Any balance of the premium for that person will be your own responsibility.

Gulf Group Life Insurance Plan

If you retire before age 65 you may continue your full coverage until age 65 provided you make any required contributions. Your contribution rate is 50¢ per month for each \$1,000 of insurance in excess of \$10,000. If you have been insured under Schedule Y (and, if applicable, Schedule Z) continuously from the last date you became enrolled in the Plan, your post-retirement life insurance after age 65 will be approximately the following percentage of your highest annual compensation rate:

Age	65-66	66-67	67-68	68-69	69-70	70 and on
Percentage	100	90	80	70	60	50
	or, for an employee hired after 1978 who has less than 10 years of time-service at retirement, the following percentage for each year of time-service—					
	10	9	8	7	6	5

The minimum insurance after age 65 is \$3,000.

If you have any question about your entitlement to insurance after age 65, you can obtain a separate statement from the Insurance Department by requesting it through your Human Resources office.

Voluntary Group Accident Insurance

If you have been insured under the Connecticut General Voluntary Group Accident Insurance program for at least one year at the time of your retirement, you can continue your insurance after retirement (but only up to \$30,000) if you continue to pay the premiums.

THIS IS FOR YOUR INFORMATION ONLY AND DESCRIBES A PAYMENT MADE TO YOU UNDER THE SAVINGS-STOCK BONUS PLAN OF GULF OIL CORPORATION

Copy B
For Recipient

This information is being furnished to the Internal Revenue Service.

Statement for Recipients of Total Distributions from Profit-Sharing, Retirement Plans and Individual Retirement Arrangements

1981

Recipient's identifying number 292-32-8905	1 Amount includible as income (Add boxes 2, 3, and 4) .00	2 Capital gain (For Lump-sum distributions only)	3 Ordinary income .00	4 Premiums paid by trustee or custodian for current insurance
5 Employee contributions to profit-sharing or retirement plans 2,665.97	6 Amount of IRA distributions (do not include box 4 amounts)	7 Category of distribution	8 Net unrealized appreciation in employer's securities	9 Other: \$ _____ %
F H BRUNSTING 13630 PINEROCK HOUSTON TX 77079		This does <input type="checkbox"/> does not <input type="checkbox"/> qualify as a lump sum distribution. Your percentage of total distribution <input type="checkbox"/> % Death benefit exclusion does <input type="checkbox"/> or does not <input type="checkbox"/> apply. For instructions on completing this form, see "Instructions for Form 1096."		

Notice to Recipients:

(References are to the Internal Revenue Code.)

These instructions apply to distributions from profit-sharing or retirement plans, with the exception of boxes 6 and 7 (for individual retirement arrangements) and box 4 which apply only to profit-sharing plans.

Lump-sum Distribution. Generally the term "lump-sum distribution" means a distribution or payment from a retirement plan within one taxable year of the recipient, or the balance to the credit of an individual which becomes payable to the recipient (a) on account of death, (b) after attaining age 59½, (c) separation from the service, or (d) becoming disabled (within the meaning of section 72(m)(7)).

If the distribution does not qualify as a lump-sum distribution, no portion qualifies for capital gain treatment. The special 10-year averaging method does not apply. In such case, report the total amount of the distribution on Form 1040 under Other Income. For additional information, see Publication 575.

Box 2. This portion of the lump-sum distribution qualifies for capital gain treatment. Report on Schedule D of Form 1040 or Form 1041 and identify as "Lump-sum Distribution." See Death Benefit Exclusion below. Also see instructions for Form 4972 on Form 5544 for election to treat this amount as ordinary income for the 10-year averaging method.

Box 3. This portion of the total distribution is taxable as ordinary income and may be eligible for

a special 10-year averaging method. See Form 4972 or 5544 and instructions for death benefit exclusion below.

Note: If there are no entries in boxes 2 and 3, still the recipient must furnish them.

Box 4. Report this amount on Form 1040 under Other Income as "Premiums paid by trustee or custodian for current life or other insurance."

Box 5. Amounts contributed or considered contributed by the individual (less nontaxable amounts previously distributed) are not taxable.

Note: These boxes are for your IRA distributions.

Box 6. Amounts you received as distributions from an Individual Retirement Account, Annuity or Bond. These amounts may be includable in income depending on the type of distribution. See Publication 590 for more information.

Box 7. The number listed here identifies the type of distribution you received from the IRA as follows:

- 1—Premature Distribution (other than codes 2, 3, 4, or 5); 2—Rollover; 3—Disability; 4—Death; 5—Prohibited Transaction; 6—Other; 7—Normal Distributions; 8—Excess contributions reduced plus earnings on such excess contributions; 9—Transfers to an IRA for a spouse included to a divorce.

Box 8. If the distribution consists in part of securities of your employer's corporation, the net unrealized appreciation in these securities is tax deferred until you sell the securities.

Annuity. If you receive an annuity contract as part of a distribution, it is not taxable upon receipt. It is taxable when periodic payments are received, but only to the extent the payments exceed your basis in the annuity. If the distribution is made to more than one person, the dollar amount and the percentage of the annuity contract distributed to you is shown in box 9. You will need that information if you elect the special 10-year averaging method on Form 5544.

Death Benefit Exclusion. If you receive a plan distribution as the beneficiary of a deceased employee (or deceased disability retiree who died prior to attaining retirement age) you may be entitled to a "death benefit exclusion" of up to \$5,000.

Taxable amounts shown in boxes 2 and 3 are without regard to this exclusion. Allocate the exclusion between capital gain and ordinary income and include the reduced amounts on your tax return.

Note: If the total distribution is made to more than one person, the percentage you received is shown in the space below box 9. Enter the percentage on line 1, Form 5544, Multiple Recipient Special 10-Year Averaging Method, if elected.

PARTICIPANT'S STATEMENT
GULF 50319

TAX REDUCTION ACT STOCK OWNERSHIP PLAN OF GULF OIL CORPORATION



THE FOLLOWING IS A STATEMENT OF YOUR ACCOUNT AS OF: **12/31/79**

	TOTAL SHARES ALLOCATED PRIOR YEAR(S)	SHARES ALLOCATED 1978 YEAR	REINVESTED DIVIDEND SHARES (1)	TOTAL SHARES TO DATE
GULF OIL CORPORATION COMMON STOCK	39.6030	19.5180	5.6570	64.7780

**ELMER H BRUNSTING
13630 PINEROCK
HOUSTON TX**

77079

(1) INCLUDES CURRENT AND ANY PRIOR YEARS
ANY DISCREPANCY SHOULD BE REPORTED PROMPTLY TO
MR. PHILIP E. LINTNER, SECRETARY — BENEFITS COMMITTEE,
GULF OIL CORPORATION, P.O. BOX 1166, PITTSBURGH, PA 15230.

PLEASE SEE MESSAGE ON OTHER SIDE

P4586

BRUNSTING000855

During 1979, Gulf's Board of Directors authorized a change in Trustee for the Gulf TRASOP. The Trustee is now Mellon Bank N.A., Mellon Square, Pittsburgh, PA 15230. The Trustee holds the assets of the Plan. Individual account records will now be maintained directly by Gulf Oil Corporation (Benefits Committee), 435 Seventh Avenue, Pittsburgh, PA 15219.

Philip E. Lintner
Secretary
Benefits Committee

P4587

BRUNSTING000856



"Our Search for Energy Begins With People"

TAX REDUCTION ACT STOCK OWNERSHIP PLAN OF GULF OIL CORPORATION

THE FOLLOWING IS A STATEMENT OF YOUR ACCOUNT AS OF: **DEC 31 1978**

<u>FUND</u>	<u>TOTAL SHARES PRIOR YEAR(S)</u>	<u>SHARES ALLOCATED 1977 YEAR</u>	<u>REINVESTED DIVIDEND SHARES</u>	<u>TOTAL SHARES TO DATE (1)</u>
GULF OIL CORPORATION COMMON STOCK	24.737	17.035	.350	42.122
ELMER H BRUNSTING 13630 PINEROCK HOUSTON TX				282328905
	77079			

(1) INCLUDES REINVESTED DIVIDENDS
IF YOU HAVE A QUESTION ABOUT ANY ITEM ON
YOUR STATEMENT, PLEASE CONSULT YOUR
SUPERVISOR OR HUMAN RESOURCES
REPRESENTATIVE.
BANKERS TRUST COMPANY, TRUSTEE

P4588

BRUNSTING000857

PARTICIPANT'S STATEMENT
 GULF 50350

GULF SAVINGS - STOCK BONUS PLAN
 LONG TERM SAVINGS FUND VALUATION AS OF: **12/31/80**

	VALUE AS OF	ACTIVITY THIS PERIOD				VALUE AS OF	YOUR ADDITIONAL CONTRIBUTIONS WHICH ARE ON DEPOSIT AS OF
	07/01/80	YOUR ADDITIONAL CONTRIBUTIONS	WITHDRAWALS *	TRANSFERS**	CHANGE IN VALUE	12/31/80	12/31/80
OPTION 1 (Gulf Stock)							
OPTION 2 (Guaranteed Investment Contract)		\$3,072.00			\$120.66	\$3,192.66	\$3,072.00
TOTAL		\$3,072.00			\$120.66	\$3,192.66	\$3,072.00

ELMER H BRUNSTING
 114162
 15000042 0000
 GS&T ENGRG GENERAL

PLEASE SEE MESSAGE ON OTHER SIDE

* WITHDRAWAL TYPE..... LIMITED FULL
 WITHDRAWAL DATE
 SUSPENSION DATE
 RESUMPTION DATE

** TRANSFER DATE

P4589

BRUNSTING000858

IF YOU ARE A PARTICIPANT IN THE LONG TERM SAVINGS FUND OF THE SAVINGS-STOCK BONUS PLAN YOU WILL RECEIVE PERIODIC INFORMATION SHOWING THE STATUS OF YOUR ACCOUNTS IN THAT FUND AS WELL AS INFORMATION CONCERNING YOUR BASIC CONTRIBUTIONS AND GULF'S CONTRIBUTIONS TO THE PLAN.

IF YOU HAVE A QUESTION ABOUT ANY ITEM ON THIS STATEMENT, PLEASE CONTACT P. E. LINTNER, SECRETARY - BENEFITS COMMITTEE OR YOUR HUMAN RESOURCES REPRESENTATIVE SO THAT IT CAN BE CORRECTED OR VERIFIED.



"Our Search for Energy Begins With People"

TAX REDUCTION ACT STOCK OWNERSHIP PLAN OF GULF OIL CORPORATION

THE FOLLOWING IS A STATEMENT OF YOUR ACCOUNT AS OF: DEC 31 1977

<u>FUND</u>	<u>TOTAL SHARES PRIOR YEAR(S)</u>	<u>SHARES ALLOCATED YEAR</u>	<u>REINVESTED DIVIDEND SHARES</u>	<u>TOTAL SHARES TO DATE (1)</u>
GULF OIL CORPORATION COMMON STOCK		22.568	.478	23.046
ELMER H. BRUNSTING 13630 PINEROCK HOUSTON TX		282328905		

77079

(1) INCLUDES REINVESTED DIVIDENDS
ANY DISCREPANCY SHOULD BE REPORTED PROMPTLY TO YOUR SUPERVISOR
BANKERS TRUST COMPANY, TRUSTEE

P4591

BRUNSTING000860

CHANGE IN PLAN MEMBERSHIP AND/OR INVESTMENT ALLOCATION

(This form must be received by the Secretary of the Benefits Committee by the 15th of the month that precedes the effective date. Forms received late will be effective from the earliest date provided by the Plan.)

CHANGE IN SAVINGS FUND AND/OR LONG TERM SAVINGS FUND

To the Secretary of the Benefits Committee:

I, _____, hereby authorize The Gulf Companies to take the following action regarding my compensation effective as of the first day of _____, 19 _____.

- Deduct Basic Contributions to the Savings Fund at the rate of 3%.
- Deduct Additional Contributions to the Long Term Savings Fund at the rate of _____ %.
(Indicate 1-10%. Deductions of Basic Contributions are a prerequisite for Additional Contributions.)
- Discontinue deductions of Additional Contributions to the Long Term Savings Fund.
- Discontinue deductions of both Basic and Additional Contributions to the Plan. This action automatically discontinues participation in the SAVERS Account.

Executed this _____ of _____, 19 _____

(Signature of Witness)

(Member's Signature)

CHANGE IN SAVERS ACCOUNT

To the Secretary of the Benefits Committee:

I, E. H. BRUNSTING, hereby authorize The Gulf Companies to take the following action regarding my compensation effective as of the first day of 4-1, 19 85.

- Reduce my compensation by 9 % in order to participate in the SAVERS Account.
(Indicate 1-5%. Deductions of Basic Contributions are a prerequisite for participation.)

I understand that in order to comply with IRS regulations, the percentage of salary reduction may be limited in certain cases. Therefore, if necessary, The Gulf Companies are authorized to reduce the rate (by whole percentages) that I have elected above, but not below 1%.

- Discontinue my reduction in compensation and participation in the SAVERS Account.

Executed this 11th of March, 19 87

(Signature of Witness)

(Member's Signature)

CHANGE IN INVESTMENT ALLOCATION IN LONG TERM SAVINGS FUND AND/OR SAVERS ACCOUNT

To the Secretary of the Benefits Committee:

I, _____, hereby authorize The Gulf Companies to make the following investment allocation in multiples of 10% effective as of the first day of _____, 19 _____.

LONG TERM SAVINGS FUND:*

Check here if no change desired.

Option 1: _____ %
(Gulf Stock)
Option 2: _____ %
(Guaranteed Investment Contract)
TOTAL: 100%

SAVERS ACCOUNT:*

Check here if no change desired.

Investment Account A: _____ %
(Gulf Stock)
Investment Account B: _____ %
(Guaranteed Investment Contract)
TOTAL: 100%

Executed this _____ of _____, 19 _____

(Signature of Witness)

(Member's Signature)

*A member may change this allocation not more than twice in a calendar year.

Subject HAND SARRS

Estimate No. _____

Description _____

Project No. _____

Date _____

By _____

5 MO	3097 x 2 = 6194/mo	+ 1533.11	= 7727/mo
			2387 - TAX
			5340 - SUB
DEDUCTS			51 - DEDUCTS
MED =	22.50		
LIFE =	64		
REG.	4.52		
	81.00		
		PENSION = 1533.11	
		81	
		\$ 1452.11 NET	5259
			2800
			2459
			x 5
			10,295 accumulation
THRU 4/30	23,289.44		
5/1 - 7/31	2818.27 x 6		
	16,909.62		
8/1 - 12/31	7727 x 5 =		
	38,635		
	78,834.06		
+ 12	12		
	90834		2387 = 28,628
	8000		
	82,834		
	60,000		
	22,834.44	16,014	
		10,042	
		26,061	
1984			
3 1/2 x 6194 =	21,679		
12 x 1533 =	18,396		
	40,075		
	12		
	52,075		
	8		
	44,075		
	38,200		
	8875 x .35	6624	
		3106	
		10730	
			32,075
			10,730
			41,345 = 3445
			- 81
			3364
			1682/24/4

6974

Subject FINAL RETIREMENT CALC Estimate No. _____

Description % TO NALVA Project No. _____

Date _____

By _____

	PRN	A	NALVA	A	%
BASE	1534.66		-613.86		40
		48.97		128.99	
	1485.69		742.85		50
		45.95		121.00	
	1439.74		863.85		60
		43.19		113.74	
	1396.55		977.59		70
		40.67		107.12	
	1355.88		1084.71		80
		38.37		101.05	
	1317.51		1185.76		90
		36.25		95.44	
	1281.26		1281.24		100

03/21/83

SPECIAL VOLUNTARY EARLY RETIREMENT PROGRAM

NAME E H BRUNSTING EMP-NO 000114162 RETIRE-DATE 12/31/82 OPTION NONE AGE 61-03 SEX M
 BENEFIT-SERVICE 17-00 TIME-SERVICE 17-03 JOINT-PENSIONER AGE 00-00 RELATIONSHIP
 TYPE-OF-RETIREMENT : REGULAR EARLY X DISABILITY FOREIGN/FLIGHT-SERVICE 00-00 RRA 85-00

BASIC RETIREMENT ALLOWANCES (MONTHLY)
 SECTION 5A-1 (A) (1) NON-CONTRIBUTORY ALLOWANCE

PLUS : 5,620.88 X .016 = 89.93408X 12.0000 = 1,079.21
 5,620.88 X .013 = 73.07144X 5.0000 = 365.36
 TOTAL = 1,444.57

LESS : 17.0000 X .015 = .25500X 479.00 = - 120.82 (THIS IS ALSO THE PSSA TO AGE 62)
 MONTHLY AMOUNT = 1,323.95 (A)

OR IF GREATER

12.00 X 17.0000 = 204.00 (B)
 GREATER OF (A) OR (B) 1,323.95 X 1.0000 = 1,323.95 (1)

SECTION 5A-1 (B) (1) CONTRIBUTORY ALLOWANCE

OR IF GREATER 113.16 + 569.26 = 682.42 / 12 = 56.87 (A)
 PLUS : 5,620.88 X .003 X 4.7500 = 80.10
 .004583 X

TOTAL = 80.10 (B)

SECTION 5A-1 (B) (2) EXTRA CONTRIBUTORY AMOUNT (IF SAP MEMBER BEFORE 1968)
 GREATER OF (A) OR (B) 80.10 X 1.0000 = 80.10 (2)

X = X .05 = X 1.0000

TOTAL CONTRIBUTORY PENSION (SUM OF (2) AND (3)) = 80.10 (4)

SECTION 5E - MINIMUM CONTRIBUTORY PENSION

PLUS : 2.0 X 2,794.48 X .007500 = 41.92
 1.5 X .007500 =

TOTAL = 41.92 LESS 80.10 = (5)

SECTION 5A-2 FOREIGN / FLIGHT SERVICE ALLOWANCE

.005 X (A)
 .01 X (B)

SMALLER A OR B X 1.0000 = (6)

SECTION 5A-3 ADDITIONAL RETIREMENT ALLOWANCE

28.97 X 1.0000 = 28.97 (7)

DISABILITY ALLOWANCE LESS MONTHLY RETIREMENT PENSION = 1,433.02
 SPOUSE PENSION : 1,433.02 X .40 = 573.21

03/21/83 GULF PENSION PLAN

TIME 00 HR 00 MIN 00 SEC

NAME E H BRUNSTING
 EMP-NO 000114162 RETIRE-DATE 12/31/82 OPTION NONE AGE 61-03 SEX M
 BENEFIT-SERVICE 17-00 TIME-SERVICE 17-03 JOINT-PENSIONER FOREIGN/FLIGHT-SERVICE AGE 00-00 RELATIONSHIP
 TYPE-OF-RETIREMENT : REGULAR EARLY X DISABILITY

BASIC RETIREMENT ALLOWANCES (MONTHLY)
 SECTION 5A-1 (A) (1) NON-CONTRIBUTORY ALLOWANCE

PLUS : 5,620.88 X .016 = 89.93408X 12.0000 = 1,079.21
 5,620.88 X .013 = 73.07144X 5.0000 = 365.36
 TOTAL = 1,444.57

LESS : 17.0000 X .015 = .25500X 473.00 = - 120.62 (THIS IS ALSO THE PSSA TO AGE 62)
 MONTHLY AMOUNT = 1,323.95 (A)

OR IF GREATER
 12.00 X 17.0000 = 204.00 (B)
 GREATER OF (A) OR (B) 1,323.95 X 1.0000 = 1,323.95 (1)

SECTION 5A-1 (B) (1) CONTRIBUTORY ALLOWANCE
 113.16 + 569.26 = 682.42 / 12 = 56.87 (A)
 OR IF GREATER 5,620.88 X .003 X 4.7500 = 80.10
 PLUS : .004583 X TOTAL = 80.10 (B)

SECTION 5A-1 (B) (2) EXTRA CONTRIBUTORY AMOUNT (IF SAP MEMBER BEFORE 1968)
 GREATER OF (A) OR (B) 80.10 X 1.0000 = 80.10 (2)
 X = X .05 = X 1.0000 = (3)
 TOTAL CONTRIBUTORY PENSION (SUM OF (2) AND (3)) = 80.10 (4)

SECTION 5E - MINIMUM CONTRIBUTORY PENSION
 2.0 X 2,794.48 X .007500 = 41.92
 1.5 X .007500 =
 TOTAL = 41.92 LESS 80.10 = (5)

SECTION 5A-2 FOREIGN / FLIGHT SERVICE ALLOWANCE
 .005 X = (A)
 .01 X = (B)
 SMALLER A OR B X 1.0000 = (6)

SECTION 5A-3 ADDITIONAL RETIREMENT ALLOWANCE
 28.97 X 1.0000 = 28.97 (7)

DISABILITY ALLOWANCE LESS MONTHLY RETIREMENT PENSION = 1,433.02
 SPOUSE PENSION : 1,433.02 X .40 = 573.21

GULF PENSION PLAN
 COMPUTATION OF PRIMARY SOCIAL SECURITY BENEFIT
 RETIREMENTS/VESTEDS JANUARY 1, 1982 THROUGH DECEMBER 31, 1982

DATE: 03/21/83
 TIME: 16.54

WORKSHEET A -

BRUNSTING	E H	09/29/21	114162	150	M	12/31/82	61-03
NAME		BIRTHDATE	EMP. NO.	LOC	SEX	RET. DATE	AGE

TRANSITIONAL OLD METHOD:

265,700	/	26	/	12	=	851 **	
<u>(B)</u>		<u>(A)</u>					AVER. MO. EARNINGS
						<u>540.50</u>	AGE 65 BENEFIT PER TABLE
						<u>(Q)</u>	

NEW INDEXED METHOD:

464,058	/	26	/	12	=	1,487 **	
<u>(C)</u>		<u>(D)</u>					AIME (AVERAGE INDEXED MONTHLY EARNINGS)

FIRST \$ 230	AIME =	230 X .90	=	207.00
NEXT \$ 1158	AIME =	1158 X .32	=	<u>370.56</u>
OVER \$ 1388	AIME =	99 X .15	=	<u>14.85</u>

TOTAL 592.40 *AGE 65 BENEFIT

(R)

GREATER (Q) OR (R) 592.40

REDUCTION FACTOR: x .8000

- NOTE: 1) FOR MEMBERS WHO HAVE NOT ATTAINED AGE 62 YRS., 0 MOS. AT RETIREMENT DATE: USE FACTOR .8000.
 2) FOR MEMBERS WHO ARE AGE 62 YRS., 0 MOS. AT RETIREMENT DATE: IF THE BIRTHDATE IS THE SECOND OF A MONTH, USE FACTOR .8000; FOR ALL OTHERS USE FACTOR .8055.
 3) FOR ALL OTHER MEMBERS: USE FACTOR FOR AGE AT RETIREMENT DATE PLUS 1 MONTH.

PRIMARY AGE 62-00 BENEFIT: 473 **

*ROUNDED TO NEXT LOWER 10¢ IF NOT AN EVEN MULTIPLE
 **DOLLARS ONLY (DROP CENTS, DO NOT ROUND)

GULF PENSION PLAN
 COMPUTATION OF PRIMARY SOCIAL SECURITY BENEFIT
 RETIREMENTS/VESTEDS JANUARY 1, 1982 THROUGH DECEMBER 31, 1982

DATE: 03/21/83
 TIME: 16.54

WORKSHEET A - FOR MEMBERS BORN AFTER JANUARY 1, 1920

BRUNSTING E H 09/29/21 114162 150 M 12/31/82 61-03

 NAME BIRTHDATE EMP. NO. LOC SEX RET. DATE AGE

WAGE HISTORY FOR SOCIAL SECURITY BENEFITS

TRANSITIONAL OLD METHOD				NEW INDEXED FORMULA			
YEAR	MAX. BASE	HIGH YEARS	COVERED EARNINGS	INDEXING FACTOR	INDEXED EARNINGS	HIGH YEARS	MAX. INDEXED
1951	3,600		0	4.47043399	0		16,094
1952	3,600		3,600	4.20858165	15,151	/	15,151
1953	3,600		3,600	3.98588920	14,349	/	14,349
1954	3,600		3,600	3.96542698	14,276	/	14,276
1955	4,200		4,200	3.79030360	15,919	/	15,919
1956	4,200	/	4,200	3.54252115	14,879	/	14,879
1957	4,200	/	4,200	3.43614007	14,432	/	14,432
1958	4,200	/	4,200	3.40613534	14,306	/	14,306
1959	4,800	/	4,800	3.24536024	15,578	/	15,578
1960	4,800	/	4,800	3.12280640	14,989	/	14,989
1961	4,800	/	4,800	3.06195128	14,697	/	14,697
1962	4,800	/	4,800	2.91593885	13,997	/	13,997
1963	4,800	/	4,800	2.84614160	13,661	/	13,661
1964	4,800	/	4,800	2.73439357	13,125	/	13,125
1965	4,800	/	4,800	2.68602964	12,893	/	12,893
1966	6,600	/	6,600	2.53393029	16,724	/	16,724
1967	6,600	/	6,600	2.40023094	15,842	/	15,842
1968	7,800	/	7,800	2.24587204	17,518	/	17,518
1969	7,800	/	7,800	2.12317095	16,561	/	16,561
1970	7,800	/	7,800	2.02278929	15,778	/	15,778
1971	7,800	/	7,800	1.92601292	15,023	/	15,023
1972	9,000	/	9,000	1.75410861	15,787	/	15,787
1973	10,800	/	10,800	1.65081740	17,829	/	17,829
1974	13,200	/	13,200	1.55819125	20,568	/	20,568
1975	14,100	/	14,100	1.44984080	20,443	/	20,443
1976	15,300	/	15,300	1.35625504	20,751	/	20,751
1977	16,500	/	16,500	1.27956816	21,113	/	21,113
1978	17,700	/	17,700	1.18543240	20,982	/	20,982
1979	22,900	/	22,900	1.09007392	24,963	/	24,963
1980	25,900	/	25,900	1.00000000	25,900	/	25,900
1981	29,700	/	29,700	1.00000000	29,700	/	29,700
TOTALS		26	265,700		464,058	26	
		(A)	(B)		(C)	(D)	

P4598

BRUNSTING000867

RUN DATE: 03/21/83

GULF OIL CORPORATION
BENEFITS ADMINISTRATION
RETIREMENT - MASTER RECORD

NAME E H BRUNSTING
 EMPL NO 114162
 P/R LOC 150
 SOC SEC NUMBER 282-32-8905
 BIRTH DATE 09/29/21
 BIRTH DATE 01/01/66
 TIME SERVICE 10/01/65
 SEX M
 ACQUIRED/OTHER COMPANY SERVICE
 TYPE RETIREMENT DATE 12/31/82
 OPTION CODE
 NAME JOINT ANNUITANT
 BIRTH

FOREIGN / FLIGHT
 DEEP SEA SERVICE
 FROM TO

00/00/00 00/00/00
 00/00/00 00/00/00
 00/00/00 00/00/00
 00/00/00 00/00/00
 00/00/00 00/00/00

TOTAL FRN/FLT SVC 00 YRS. 00 MOS.

ANNUAL CONTRIB ALLOW
 1 2 3% - 113.16
 1 1/2% - 569.26
 CRP CONTRIB AFTER 1966 28.97
 FROZEN SA-3 BENEFIT -
 MBR CONT CRP 3, 1 1/2% 1,557.16
 SAP O/R
 SAP N/R
 TOTAL 1,557.16

ACCUM CONTRIBUTIONS:
 CRP 2,794.48
 NEW RATE SAP @ 5%
 OLD RATE SAP @ 3.5%

TEN YEAR HISTORY:

	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
JAN	2,360.00	2,478.00	3,054.00	3,485.00	3,843.00	4,074.00	4,278.00	4,882.00*	5,580.00*	6,194.00*
FEB	2,360.00	2,478.00	3,054.00	3,485.00	3,843.00	4,074.00	4,278.00	4,882.00*	5,580.00*	6,194.00*
MAR	2,360.00	2,478.00	3,054.00	3,485.00	3,843.00	4,074.00	4,278.00	5,028.00*	5,580.00*	6,194.00*
APR	2,360.00	2,478.00	3,054.00	3,485.00	3,843.00	4,074.00	4,278.00	5,028.00*	5,580.00*	6,194.00*
MAY	2,360.00	2,478.00	3,054.00	3,485.00	3,843.00	4,074.00	4,278.00	5,028.00*	5,580.00*	6,194.00*
JUNE	2,360.00	2,815.00	3,054.00	3,485.00	3,843.00	4,074.00	4,278.00	5,028.00*	5,580.00*	6,194.00*
JULY	2,360.00	2,815.00	3,176.00	3,485.00	3,843.00	4,074.00	4,278.00	5,028.00*	5,580.00*	6,194.00*
AUG	2,360.00	2,815.00	3,176.00	3,485.00	3,843.00	4,074.00	4,278.00	5,028.00*	5,580.00*	6,194.00*
SEPT	2,360.00	2,815.00	3,351.00	3,485.00	3,843.00	4,074.00	4,478.00	5,028.00*	5,580.00*	6,194.00*
OCT	2,360.00	2,815.00	3,351.00	3,485.00	3,843.00	4,074.00	4,478.00	5,028.00*	5,580.00*	6,194.00*
NOV	2,360.00	2,815.00	3,351.00	3,485.00	3,843.00	4,074.00	4,882.00	5,580.00*	6,194.00*	6,194.00*
DEC	2,360.00	2,815.00	3,351.00	3,560.00	3,843.00	4,074.00	4,882.00	5,580.00*	6,194.00*	6,194.00*
TOTAL	28,320.00	32,095.00	37,905.00	41,995.00	46,116.00	48,888.00	52,540.00	60,450.00	67,574.00	74,328.00

FINAL 36 MONTH - 5,620.88 CALCULATED SOCIAL SECURITY - 473.00 CALCULATED ANNUAL COMPENSATION - 74,328.00 CALCULATED AVERAGE .00 INPUT .00 INPUT .00 INPUT

NOTE : AMOUNTS WITH ASTERISKS ARE THE HIGHEST 36 CONSECUTIVE MONTHS AND WERE USED TO CALCULATE THE AVERAGE.
 THE 36 MONTH AVERAGE ASSUMES THAT PRESENT BASE RATE IS PROJECTED UNTIL RETIREMENT.

Subject FINAL RETIREMENT CALC Estimate No. _____

Description _____ Project No. _____

Date 6/22/83

By _____

BASE 8/1/80 - 7/31/83

RATE

12/1/81	3097	2x 20 x 3097 =	123,880	
12/1/80	2790	2x 12 x 2790 =	66,960	
5/1/80	2514	2x 4 x 2514 =	20,112	
		<u>36</u>	<u>210,952</u>	Ave = 5859.78

$$\begin{aligned} 1.0 \times 12 \frac{1}{2} &= 20.133 \\ 1.3 \times 5 &= 6.50 \\ \hline &26.633 \end{aligned}$$

$$0.26633 \times 5859.78 = 1560.64$$

$$.015 \times 17.583 \times 526 = 138.47$$

$$\underline{1422.17}$$

SA-3 ADDED

$$\underline{28.97}$$

$$1451.14$$

$$5859.78 \times .003 \times 4.75 = 83.50$$

$$\underline{1534.64} \quad \text{VS} \quad 1534.66$$

CONTRIBUTORY

$$\begin{aligned} 1534.66 \\ \underline{1512.61} \\ 22.05 \times 12 = 264.50/yr \end{aligned}$$

CR.P - PAID IN

$$\begin{aligned} 381 \\ \underline{1176.16} \\ 1557.16 \end{aligned}$$

INT = 1318.47

% Return = $264.50 / 2875.63 = 9.2\%$

$$2875.63 / 2875.63 = 0.076678 @ 8\% = 307 mo = 25.6 yr$$

ANNUITY CALC

- @ 9% = 360 + 30 yr
- @ 7% = 246 mo = 20.5 yr
- @ 6% = 212 mo = 17.7 yr
- @ 5% = 189 mo = 15.75 yr

PRESENT WORTH

$$\begin{aligned} 8\% - 15 yr \\ 19.17 \times 104.64 = 2006.64 \\ 2875.63 \times .3024 = 869.59 \\ \hline 2875.63 \end{aligned}$$

OR $22.05/yr$

$$22.05 \times 104.64 = 2307.31$$

Subject FINAL RETIREMENT CALC

Estimate No. _____

Description _____

Project No. _____

Date _____

By _____

CRP = PAID IN 1557.16
INT 1318.47
TOTAL 2875.63

IF WITHDRAW GET - 1557.16
+ .52 x 1318.47 = 685.60
2242.76 @ 8% = 14.95/mo

FOR BAL 1953

	WITHDRAW		LEAVE	
	GROSS	NET	GROSS	NET
CRP PAID	1557.76	1557.16	-	-
INT	1318.47	685.60	-	-
8	1512.61	786.52	1534.66	798.02
9	"	"	"	"
10	"	"	"	"
11	"	"	"	"
12	"	"	"	"
		6175.54		3990.12

Δ 2185.42

@ 8% INT 2185.42 = 14.57/mo

FOR 15 YR @ 8% OR 22.05/mo
14.57 x 104.64 = 1524.55 22.05 x 104.64 = 2307.31
2185.42 x .3024 = 660.87
2185.42

20 YR
14.57 x 119.554 = 1741.90 22.05 x 119.554 = 2636.15
2185.42 x .203 = 443.64
2185.42

10 YR 22.05 x 82.42 = 1817.36

10 YR @ 5% + DOUBLES
\$3000 ANNU @ 5% = 1250
12.50 x 94.281 = 1178.51
4000 x .607 = 2428.00
3606.57

TAKE PUT IN GROWTH STOCK

$$\frac{62}{57} \\ \frac{5}{5}$$

equal factor
 $.4 + .6 = 1.0$

factor = 2.6337 \$ $\frac{1000}{\text{month}}$ = your regular pension

$$\frac{.6(1000)}{1 + 2.6337} = 165.12/\text{month} = \text{deduct to give wife = pension}$$

@ 100%

your $1000 - 165.12 = 834.88$
 hers $(1000 \times .40) + (165.12 \times 2.6337) =$
 $400 + 434.87 =$
 834.87

@ 80% $.4 + .4 = .8$

$$\frac{.4(1000)}{1 + 2.6337} = 110.08 \text{ your deduct}$$

your = $1000 - 110.08 = 889.92$
 hers = $1000 \times .40 + 110.08 \times 2.6337 = 689.92$

$$\frac{689.92}{889.92} = 77.53\%$$

Subject RETIREMENT

Estimate No. _____

Description _____

Project No. _____

Date 4/15/83

By _____

36
19
1 1/2
1 3/8

BASIS	7/1/80 - 6/30/83	10/1/80 - 9/30/83
12/1/81 - 3097	38 x 3097 = 117,686	44 x 3097 = 136,268
12/1/80 2790	24 x 2790 = 66,960	24 x 2790 = 66,960
5/1/80 2514	10 x 2514 = 25,140	4 x 2514 = 10,056
12/1/79 2441	72 x 2913.69 = 209,786	72 x 2962.28 = 213,284
9/1/79 2239		
1/15/79 2139		
78 2037	1.6 x 12.5 = 20	1.6 x 13.0 = 20.8
	1.3 x 5.0 = 6.50	1.3 x 5.0 = 6.5
	26.50	27.3
	2 x 26.52 x 2913.69 = 1544.26	2 x 27.3 x 2962.28 = 1617.40
	17.5 x 1.5 = 26.25	15 x 1.5 = 22.5
	x 588.20 = 154.55	x 588.20 = 132.34
	1389.71	1459.74
	28.97	28.97
	1418.68	1488.71
	1.425 x 5827.38 = 83.04	1.425 x 5924.56 = 84.42
	150.172	1573.33
ANNUAL	18,020.64	18,879.94
FARM (NET)	8,500	8,500
196M @ 8%	15,680	15,680
	42,200.64	43,059.94
	42,200	43,060
LESS IRS DEDUCT	5,000	5,000
	37,200	38,060
DRIP-	4,000	4,000
	33,200	34,060
Tax net A.T.	6,700	6,960
	35,500	27,100
OR avg. Turnover	1479.17	1506.16
S.S. @ 6%	583	583
	7000	7000
	42,500	43,100
	1,200	1,200
	41,300	41,900
52 5/100/m. 10% TA	24/yr = 1720	FA603

Subject 1982 Estimate No. _____

Description _____ Project No. _____

_____ Date _____

_____ By _____

01/15	1516.29	
01/31	1538.64	
02/15	1533.79	
02/28	1538.64	
3/15	1521.29	
3/31	1533.64	+15
4/15	1521.29	
4/30	1538.64	
5/15	1521.29	
5/31	1538.64	
6/15	1632.97	
6/30	1746.14	
7/15	1757.83	
7/31	1774.43	
8/15	1757.83	
8/31	1774.43	
9/15	1660.28	
9/30	1676.88	
10/15	1660.28	
10/31	1676.88	
11/15	1660.28	
11/30	1715.28	
12/15	1660.28	
12/30	1715.28	
	<u>39,191.24</u>	
$\div 24 =$	1632.97	
NET PAY	39,191.24	TAX = 20,231.52
OTHER INC.	18,437.10	TAX = 4,857.06
TOTAL INC.	<u>57,628.34</u>	TOTAL TAX 25,088.58
- TAX	<u>4,857.06</u>	
NET	48,771.28	
$\div 24 =$	2032.14	

Subject JULY 31 1983 Estimate No. _____

Description _____ Project No. _____

_____ Date _____

_____ By _____

8/1/80 - 7/31/83

40 x 3097 = 123,880

24 x 2790 = 66,960

8 x 2514 = 20,112

210,952

± 36 = 5859.78 ave

1.6 x 1258333 = 20,133

5.0 x 1.3 = 6.500

26,633%

0.26633 x 5859.78 = 1560.64

17.2 x 15 = 26,375 139.00

x 527

1421.64

28.97

1450.61

1.4259 x 5859.78

83.50

1533.11

ANNUAL = 18,397.32

FARM NRT 8,500.00

\$170

GULF OIL CORPORATION
TAX REDUCTION ACT STOCK OWNERSHIP PLAN (TRASOP)
AUTHORIZATION OF 1981 PLAN YEAR VOLUNTARY CONTRIBUTIONS
BY EMPLOYEE-MEMBER

PLEASE SIGN AND RETURN THIS FORM THROUGH YOUR LOCAL HUMAN RESOURCES REPRESENTATIVE OR SUPERVISOR FOR PROCESSING BY YOUR PAYROLL OFFICE.

NAME-ELMER H BRUNSTING
PAYROLL LOC. 150000042
EMPLOYEE NO. 114152
SDC-SEC-NO. 282-B2-8905

YOU MAY CONTRIBUTE EITHER:
SMALLER CONTRIBUTION- \$320.00
(10 MONTHLY DEDUCTIONS OF \$32.00)
OR
LARGER CONTRIBUTION- \$435.00
(10 MONTHLY DEDUCTIONS OF \$43.50)

TO THE SECRETARY OF THE BENEFITS COMMITTEE:

I HEREBY AUTHORIZE TEN EQUAL MONTHLY DEDUCTIONS FROM MY COMPENSATION DURING THE PERIOD JANUARY 1, 1983 THROUGH OCTOBER 31, 1983 AS FOLLOWS:

(CHECK ONE ONLY)

----- SMALLER CONTRIBUTION \$32.00 PER MONTH
 LARGER CONTRIBUTION \$43.50 PER MONTH

I UNDERSTAND THAT MY CONTRIBUTION WILL BE MATCHED AND THAT BOTH MY CONTRIBUTION AND GULF'S MATCHING CONTRIBUTION WILL BE INVESTED IN GULF COMMON STOCK AND CREDITED TO MY ACCOUNT IN TRASOP.

I UNDERSTAND THAT, SHOULD I TERMINATE MY EMPLOYMENT BEFORE DEDUCTIONS COMMENCE, I MUST CONTRIBUTE A SINGLE CHECK FOR THE FULL AMOUNT DURING JANUARY, 1983 IN ORDER TO RECEIVE A MATCHING CONTRIBUTION; FURTHER, SHOULD I TERMINATE DURING THE DEDUCTION PERIOD, I MUST CONTRIBUTE THE BALANCE IN A SINGLE CHECK WITHIN 30 DAYS OF MY TERMINATION IN ORDER TO RECEIVE THE RELATED MATCHING CONTRIBUTION. THIS CHECK SHOULD BE MADE PAYABLE TO WELLS BANK, N.A.

IF FOR ANY REASON I AM NOT RECEIVING A PAYCHECK, OR CEASE TO RECEIVE A PAYCHECK DURING THE DEDUCTION PERIOD (I.E., DUE TO LEAVE OF ABSENCE, ETC.), I MUST SUBMIT A PERSONAL CHECK EACH MONTH TO THE PAYROLL DEPARTMENT COVERING THE AMOUNT OF THE DEDUCTION. THIS CHECK SHOULD BE MADE OUT TO THE GULF OIL CORPORATION.

IN ORDER TO BE EFFECTIVE, THIS FORM MUST BE RECEIVED BY THE SECRETARY OF THE BENEFITS COMMITTEE ON OR BEFORE DECEMBER 1, 1982.

(WITNESS)

1/17/84
(DATE)

Elmer H Brunsting
(MEMBER'S SIGNATURE)

**GULF OIL CORPORATION
TAX REDUCTION ACT STOCK OWNERSHIP PLAN (TRASOP)
AUTHORIZATION OF 1980 PLAN YEAR VOLUNTARY CONTRIBUTIONS
BY EMPLOYEE-MEMBER**

PLEASE SIGN AND RETURN THIS FORM THROUGH YOUR LOCAL HUMAN RESOURCES REPRESENTATIVE OR SUPERVISOR FOR PROCESSING BY YOUR PAYROLL OFFICE.

 NAME-E H BRUNSTING
 PAYROLL LOC. 130000042
 EMPLOYEE NO. 114162
 SDC-SEC-NO. 282-32-B905

YOU MAY CONTRIBUTE ELIGIBLE:
 * SMALLER CONTRIBUTION- \$289.00
 * (10 MONTHLY DEDUCTIONS OF \$28.90)
 * OR
 * LARGER CONTRIBUTION- \$384.00
 * (10 MONTHLY DEDUCTIONS OF \$38.40)
 *

TO THE SECRETARY OF THE BENEFITS COMMITTEE:

I HEREBY AUTHORIZE TEN EQUAL MONTHLY DEDUCTIONS FROM MY COMPENSATION DURING THE PERIOD JANUARY 1, 1982 THROUGH OCTOBER 31, 1982 AS FOLLOWS:

(CHECK ONE ONLY)

----- SMALLER CONTRIBUTION \$28.90 PER MONTH
 LARGER CONTRIBUTION \$38.40 PER MONTH

I UNDERSTAND THAT MY CONTRIBUTION WILL BE MATCHED AND THAT BOTH MY CONTRIBUTION AND GULF'S MATCHING CONTRIBUTION WILL BE INVESTED IN GULF COMMON STOCK AND CREDITED TO MY ACCOUNT IN TRASOP.

I UNDERSTAND THAT, SHOULD I TERMINATE MY EMPLOYMENT BEFORE DEDUCTIONS COMMENCE, I MUST CONTRIBUTE A SINGLE CHECK FOR THE FULL AMOUNT DURING JANUARY, 1982 IN ORDER TO RECEIVE A MATCHING CONTRIBUTION; FURTHER, SHOULD I TERMINATE DURING THE DEDUCTION PERIOD, I MUST CONTRIBUTE THE BALANCE IN A SINGLE CHECK WITHIN 30 DAYS OF MY TERMINATION IN ORDER TO RECEIVE THE RELATED MATCHING CONTRIBUTION. THIS CHECK SHOULD BE MADE PAYABLE TO WELDON BANK, N.A.

IF FOR ANY REASON I AM NOT RECEIVING A PAYCHECK, OR CEASE TO RECEIVE A PAYCHECK DURING THE DEDUCTION PERIOD (I.E., DUE TO LEAVE OF ABSENCE, ETC.), I MUST SUBMIT A PERSONAL CHECK EACH MONTH TO THE PAYROLL DEPARTMENT COVERING THE AMOUNT OF THE DEDUCTION. THIS CHECK SHOULD BE MADE OUT TO THE GULF OIL CORPORATION.

IN ORDER TO BE EFFECTIVE, THIS FORM MUST BE RECEIVED BY THE SECRETARY OF THE BENEFITS COMMITTEE ON OR BEFORE DECEMBER 1, 1981.

----- (WITNESS) ----- 11/15/81 (DATE) [Signature] (MEMBER'S SIGNATURE) P4607

GULF OIL CORPORATION
TAX REDUCTION ACT STOCK OWNERSHIP PLAN (TRASOP)
AUTHORIZATION OF 1979 PLAN YEAR CONTRIBUTIONS
BY EMPLOYEE-MEMBER

PLEASE SIGN AND RETURN THIS FORM THROUGH YOUR LOCAL HUMAN RESOURCES REPRESENTATIVE OR SUPERVISOR FOR PROCESSING BY YOUR PAYROLL OFFICE.

NAME-ELMER H BRUNSTING
PAYROLL LOC. 150000042
EMPLOYEE NO. 114162
SOC-SEC-NO. 202-92-8905

YOU MAY CONTRIBUTE EITHER:
SMALLER CONTRIBUTION- \$200.00
(10 MONTHLY DEDUCTIONS OF \$20.00)
OR
LARGER CONTRIBUTION- \$324.00
(10 MONTHLY DEDUCTIONS OF \$32.40)

TO THE SECRETARY OF THE BENEFITS COMMITTEE:

I HEREBY AUTHORIZE TEN EQUAL MONTHLY DEDUCTIONS FROM MY COMPENSATION DURING THE PERIOD JANUARY 1, 1981 THROUGH OCTOBER 31, 1981 AS FOLLOWS:

(CHECK ONE ONLY)

----- SMALLER CONTRIBUTION \$20.00 PER MONTH
----- LARGER CONTRIBUTION \$32.40 PER MONTH

I UNDERSTAND THAT MY CONTRIBUTION WILL BE MATCHED AND THAT BOTH MY CONTRIBUTION AND THE MATCHING CONTRIBUTION WILL BE INVESTED IN GULF COMMON STOCK AND CREDITED TO MY ACCOUNT IN THE TRASOP.

I UNDERSTAND THAT, SHOULD I TERMINATE MY EMPLOYMENT BEFORE DEDUCTIONS COMMENCE, I MUST CONTRIBUTE A SINGLE CHECK FOR THE FULL AMOUNT DURING JANUARY, 1981 IN ORDER TO RECEIVE A MATCHING CONTRIBUTION; FURTHER, SHOULD I TERMINATE DURING THE DEDUCTION PERIOD, I MUST CONTRIBUTE THE BALANCE IN A SINGLE CHECK WITHIN 30 DAYS OF MY TERMINATION IN ORDER TO RECEIVE THE MATCHING CONTRIBUTION. IF FOR ANY REASON I AM NOT RECEIVING A PAYCHECK, OR CEASE TO RECEIVE A PAYCHECK DURING THE DEDUCTION PERIOD, (I.E., DUE TO LEAVE OF ABSENCE, ETC.) I MUST SUBMIT A PERSONAL CHECK EACH MONTH TO THE PAYROLL DEPARTMENT COVERING THE AMOUNT OF THE DEDUCTION.

IN ORDER TO BE EFFECTIVE, THIS FORM MUST BE RECEIVED BY THE SECRETARY OF THE BENEFITS COMMITTEE ON OR BEFORE NOVEMBER 24, 1980.

----- (WITNESS) 11/21/80 (DATE) [Signature] (MEMBER SIGNATURE)

P4608

FEDERAL INCOME TAX INFORMATION COVERING PAYMENTS
MADE UNDER THE SAVINGS-STOCK BONUS PLAN

NAME E. H. Brunsting EMPLOYEE NO. 114162
SOC. SEC. NO. 282-32-8905

FOR FEDERAL INCOME TAX
PURPOSES THIS PAYMENT
DOES QUALIFY AS A LUMP-SUM

YOUR SETTLEMENT AS DETAILED ON THE ATTACHED
AUTHORIZATION FOR SETTLEMENT IS TAXABLE AS
FOLLOWS:

SF CONTRIBUTIONS RETURNED (US SAVINGS BONDS) - NOT TAXABLE	\$ 1,300.97
RECOVERED CONTRIBUTIONS FROM LTSF - NOT TAXABLE	21,598.00
TAXABLE AS ORDINARY INCOME	23,430.03
TAXABLE AS CAPITAL GAINS INCOME	.00
TOTAL AMOUNT OF SETTLEMENT PAID	\$46,328.77
AMOUNT WITHHELD	(.00)
AMOUNT ENCLOSED	\$46,328.77
UNREALIZED APPRECIATION OF STOCK (AMOUNT BY WHICH MARKET VALUE EXCEEDS YOUR COST BASIS AS SHOWN ON THE AUTHORIZATION FOR SETTLEMENT) - NOT TAXABLE	\$ 2,063.66

NOTICE TO RECIPIENTS OF QUALIFIED LUMP-SUM PAYMENTS: IF ANY PORTION
OF THE TAXABLE PORTION OF A QUALIFIED LUMP-SUM IS SUBJECT TO FEDERAL
INCOME TAX AS ORDINARY INCOME, YOU MAY BE ENTITLED TO USE A SPECIAL
10 YEAR AVERAGING METHOD IN COMPUTING THE TAX ON THAT ORDINARY INCOME
PORTION. TO DO SO YOU MUST COMPUTE THE TAX ON FORM 4972, SPECIAL 10
YEAR AVERAGING METHOD. THIS FORM IS AVAILABLE FROM YOUR NEAREST
INTERNATIONAL REVENUE SERVICE OFFICE.

P4609

BRUNSTING000878

**TAX REDUCTION ACT
STOCK OWNERSHIP PLAN OF
GULF OIL CORPORATION**

EMPLOYEE NO. 114162
LOCATION NO. 249225042
SOC.SEC.NO. 282-32-8905

SETTLEMENT STATEMENT

In accordance with the provisions of the Tax Reduction Act Stock
Ownership Plan, the settlement shown below is authorized to be made to the account of
ELMER H BRUNSTING by reason of **RETIREMENT** on **07/31/83**.

NUMBER OF SHARE(S)	PLAN YEAR	IN THE NAME OF	
136	1976 - BASIC THRU 1981 - BASIC	ELMER H BRUNSTING AND NELVA E BRUNSTING JT. TEN. 13610 PINEROCK HOUSTON TX 77079	
CHECK DATE	CHECK NUMBER	AMOUNT	IN THE NAME OF
10/31/83	030516	\$118.44	ELMER H BRUNSTING

FEDERAL INCOME TAX INFORMATION

Gulf Oil Corporation Common Stock consisting of 136.6034 shares
valued at \$4,538.97 which is taxable as follows:

Ordinary Income Element	\$ 4,538.97
Capital Gains Element	.00
Return of Members Contributions-Nontaxable	.00
TOTAL AMOUNT OF SETTLEMENT PAID	\$ 4,538.97

Total Taxable Amount	\$ 4,538.97
Tax Due This Settlement	.00
Cash Value Fractional Shares	118.44
Tax Withheld	.00
TOTAL AMOUNT OF CASH VALUE PAID	\$ 118.44

BENEFITS COMMITTEE

*4420.53
= 32.50/share*

DATE OCTOBER 31, 1983

BY PHILIP E. LINTNER
SECRETARY

RETAIN THIS FORM FOR RECORD PURPOSES

P4610

BRUNSTING000879

**TAX REDUCTION ACT
STOCK OWNERSHIP PLAN OF
GULF OIL CORPORATION**

EMPLOYEE NO. 114162
LOCATION NO. 249225042
SOC.SEC.NO. 282-32-8905

SETTLEMENT STATEMENT

In accordance with the provisions of the Tax Reduction Act Stock
Ownership Plan, the settlement shown below is authorized to be made to the account of
ELMER H BRUNSTING by reason of **RETIREMENT** on **07/31/83**.

NUMBER OF SHARE(S)	PLAN YEAR	IN THE NAME OF
73	1979 - CONTRIBUTORY THRU 1981 - CONTRIBUTORY	ELMER H BRUNSTING AND NELVA E BRUNSTING JT. TEN. 13630 PINEROCK HOUSTON TX 77079

CHECK DATE	CHECK NUMBER	AMOUNT	IN THE NAME OF
12/05/83	031721	\$90.57	ELMER H BRUNSTING

FEDERAL INCOME TAX INFORMATION

Gulf Oil Corporation Common Stock consisting of 73.0778 shares
valued at \$2,463.35 which is taxable as follows:

33.71
Ordinary Income Element \$ 1,320.35
Capital Gains Element .00
Return of Members Contributions-Nontaxable 1,143.00

TOTAL AMOUNT OF SETTLEMENT PAID \$ 2,463.35

Total Taxable Amount \$ 1,320.35
Tax Due This Settlement .00
Cash Value Fractional Shares 90.57
Tax Withheld .00

TOTAL AMOUNT OF CASH VALUE PAID \$ 90.57

BENEFITS COMMITTEE ^{2572.78}

DATE DECEMBER 05, 1983

BY PHILIP E. LINTNER
SECRETARY

RETAIN THIS FORM FOR RECORD PURPOSES

P4611

BRUNSTING000880

Gulf Oil Corporation

Gulf Building, Pittsburgh, Pennsylvania 15230

October 17, 1983

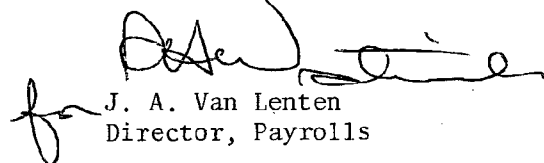
Mr. E. H. Brunsting
13630 Pinerock
Houston, TX 77079

Dear Mr. Brunsting:

This is in reply to your request for information regarding the taxability of your final settlement from the Savings-Stock Bonus Plan.

Enclosed you will find a corrected Federal Income Tax Information Sheet for the final settlement you received dated September 29, 1983.

Very truly yours,


J. A. Van Lenten
Director, Payrolls

JP:paz

Enclosures



P4612

BRUNSTING000881

**TAX REDUCTION ACT
STOCK OWNERSHIP PLAN OF
GULF OIL CORPORATION**

EMPLOYEE NO. 114162
LOCATION NO. 249225042
SOC.SEC.NO. 282-32-8905

SETTLEMENT STATEMENT

In accordance with the provisions of the Tax Reduction Act Stock
Ownership Plan, the settlement shown below is authorized to be made to the account of
ELMER H BRUNSTING by reason of **RETIREMENT** on **07/31/83**.

NUMBER OF SHARE(S)	PLAN YEAR	IN THE NAME OF	
16	1982 - CONTRIBUTORY	ELMER H BRUNSTING AND NELVA E BRUNSTING JT. TEN. 13630 PINE ROCK HOUSTON TX 77079	
CHECK DATE	CHECK NUMBER	AMOUNT	IN THE NAME OF
05/15/84	041781	\$48.59	ELMER H BRUNSTING

FEDERAL INCOME TAX INFORMATION

Gulf Oil Corporation Common Stock consisting of 16.4706 ^{37,1358} shares
valued at \$611.85 which is taxable as follows:

Ordinary Income Element	\$	135.85
Capital Gains Element		.00
Return of Members Contributions-Nontaxable		476.00

TOTAL AMOUNT OF SETTLEMENT PAID \$ 611.85

Total Taxable Amount	\$	135.85
Tax Due This Settlement		.00
Cash Value Fractional Shares		48.59
Tax Withheld		.00

TOTAL AMOUNT OF CASH VALUE PAID \$ 48.59

BENEFITS COMMITTEE

DATE MAY 15, 1984

BY PHILIP E. LINTNER
SECRETARY

RETAIN THIS FORM FOR RECORD PURPOSES

P4613

BRUNSTING000882

Gulf Oil Corporation

BENEFITS COMMITTEE

G. M. Binigar

CHAIRMAN

M. P. Breaux

VICE CHAIRMAN

C. A. Boyce

R. L. Gibson

J. J. Ross

P. E. Wyche

Philip E. Lintner

SECRETARY

Gulf Building
Pittsburgh, Pa. 15230

Dear Former Employee:

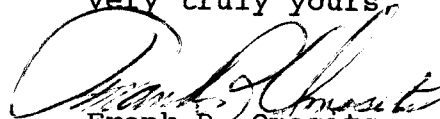
We are enclosing a partial settlement of your account under the Tax Reduction Act Stock Ownership Plan (TRASOP) of Gulf Oil Corporation. This settlement contains only benefits which are currently on file as of December 31, of the year prior to the current year.

Furthermore, if you elected to participate in the voluntary contribution portion of the plan you will receive an additional settlement in approximately four to eight weeks for your contributions and matching funds.

In addition, based on eligibility, as each new plan year is added to the file, you could possibly receive additional settlements. These settlements will normally be distributed in April of each year.

We are also enclosing a settlement statement which provides Federal Income Tax Information. This statement should be retained as part of your permanent record for income tax purposes. A Form 1099-R will be mailed to you and the Internal Revenue Service in the early part of next year.

Very truly yours,



Frank R. Omasits

Manager

Benefits Administration

Enclosure



P4614

BRUNSTING000883

Gulf Oil Corporation

BENEFITS COMMITTEE

L. Fernandez, Jr.
CHAIRMAN
M. P. Bresux
VICE CHAIRMAN
C. A. Boyce
R. L. Gibson
C. E. O'Connell
J. J. Ross

Philip E. Lintner
SECRETARY

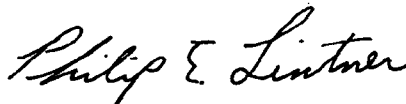
Gulf Building
Pittsburgh, Pa. 15230

Dear Former Savings-Stock
Bonus Plan/PAYSOP Member:

As you know, Standard Oil Company of California ("Socal") has made a cash tender offer for all of the shares of Gulf Corporation Common Stock at a price of \$80 net per share. The tender offer will be followed by a merger of a subsidiary of Socal with Gulf.

Since the Socal tender offer is for a limited period, it may not be possible for you to tender the enclosed Gulf shares. However, following the merger, any Gulf Common Stock not acquired by Socal in the tender offer will be converted into a right to receive \$80 in cash for each share not tendered. You will be advised as to the procedure to be followed in exercising this right.

Sincerely,



Philip E. Lintner
Secretary

PEL/jm



P4615

BRUNSTING000884

TAX REDUCTION ACT STOCK OWNERSHIP PLAN OF GULF OIL CORPORATION

INCOME TAX INFORMATION

The enclosed computer printed form contains information that you will need for federal income tax purposes with respect to the benefits you received from the Gulf TRASOP. You should consult your personal tax advisor with specific reference to your own tax situation and the applicable law as to all the federal, state, and local tax matters in connection with the benefits you received and the sale of stock. The following is only a summary of our understanding of some of the principal federal income tax considerations under present law with respect to the distribution.

The Plan is intended to meet the requirements of a qualified stock bonus plan under Section 401(a) of the Internal Revenue Code. Accordingly, certain Federal income tax rules apply to "lump-sum distributions" from the Plan.

A "lump-sum distribution" is the payment of a member's entire balance in the Plan within one year. Under the Gulf TRASOP, you will normally receive two (or sometimes three) separate payments, in different taxable years, resulting from a single termination of employment. The first payment and any additional payment received in the same calendar year are considered a lump-sum distribution. Any payments received in a subsequent calendar year are considered supplemental distributions and not lump-sum.

Since the Gulf TRASOP was not in effect before 1974 there is no long-term capital gain treatment, except that which might pertain to any gain realized by selling your stock after you have held it for the appropriate period.

(Over)

P4616

BRUNSTING000885

The following rules apply to your benefits from this Plan:

1. If you participated in the Plan for at least five years before the year of distribution, you may be eligible to elect to use a special 10-year averaging method in computing the tax on the ordinary income portion of your payment. To do so, you must compute the tax on Form 4972, "Special 10-Year Averaging Method." This form is available from your nearest Internal Revenue Service Office.
2. In the year that you receive your benefits, you are taxed on the total value of your benefits, including cash and Gulf stock, exclusive of the amount which represents a return of your contributions. If the distribution is a lump-sum, any shares of Gulf stock issued to you are valued at their cost to the Trustee, or to the market value of the stock at the time of distribution to you, whichever is lower. (The enclosed statement shows the cost of the shares received by you.) If the distribution is not a lump-sum, the market value of the stock at the time of distribution is taxable to you, except for the amount which represents a return of your contributions.
3. If the distribution is a lump-sum, it (exclusive of the amount which represents a return of your contributions) may qualify for a tax-free rollover to an Individual Retirement Account (IRA) if certain requirements are met. The amounts subsequently received from the IRA will be taxed in full (including unrealized appreciation on stock) as ordinary income. The distribution is not eligible for special ten-year averaging, but the standard five-year income averaging rules may be applicable.
4. If you received the benefits as the beneficiary of a deceased member, part or all of \$5,000 death exclusion may be available to you. There may also be other considerations concerning estate taxes which you should investigate. Furthermore, the member need not participate in the Plan five years to elect the special 10-year averaging method if the benefit was paid due to the death of the member.

GULF OIL CORPORATION

P4617

BRUNSTING000886

**TAX REDUCTION ACT.
STOCK OWNERSHIP PLAN OF
GULF OIL CORPORATION**

EMPLOYEE NO.	114162
LOCATION NO.	249225042
SOC.SEC.NO.	282-32-8905

S E T T L E M E N T S T A T E M E N T

In accordance with the provisions of the Tax Reduction Act Stock Ownership Plan, the settlement shown below is authorized to be made to the account of **ELMER H BRUNSTING** by reason of **RETIREMENT** on **07/31/83**.

NUMBER OF SHARE(S)	PLAN YEAR	IN THE NAME OF	
17	1982 - BASIC	ELMER H BRUNSTING AND NELVA E BRUNSTING JT. TEN. 13630 PINE ROCK HOUSTON TX 77079	

CHECK DATE	CHECK NUMBER	AMOUNT	IN THE NAME OF
03/30/84	035562	\$26.12	ELMER H BRUNSTING

FEDERAL INCOME TAX INFORMATION

Gulf Oil Corporation Common Stock consisting of ^{316.062} 17.0089 shares valued at \$613.38 which is taxable as follows:

Ordinary Income Element	\$	613.38
Capital Gains Element		.00
Return of Members Contributions-Nontaxable		.00
TOTAL AMOUNT OF SETTLEMENT PAID	\$	613.38

Total Taxable Amount	\$	613.38
Tax Due This Settlement		.00
Cash Value Fractional Shares		26.12
Tax Withheld		.00
TOTAL AMOUNT OF CASH VALUE PAID	\$	26.12

BENEFITS COMMITTEE

DATE MARCH 30, 1984

BY PHILIP E. LINTNER
SECRETARY

RETAIN THIS FORM FOR RECORD PURPOSES

P4618

BRUNSTING000887

Gulf Oil Corporation

Gulf Building
Pittsburgh, Pa. 15230

BENEFITS COMMITTEE

G. M. Bineger
CHAIRMAN
M. P. Breaux
VICE CHAIRMAN
C. A. Boyce
R. L. Gibson
J. J. Ross
P. E. Wyche

Philip E. Lintner
SECRETARY

Dear Former Employee:

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Very truly yours,



Frank R. Omasits
Manager
Benefits Administration

Enclosure



P4619

BRUNSTING000888

Record of
Personal Information
for



P4620

BRUNSTING000889



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**Record of
Personal Information
for**

Legal Address:

Date Prepared:

6-6 to 9 , 19 73

Date Revised:

(See third paragraph below)

_____	, 19	page(s)	_____
_____	, 19	page(s)	_____
_____	, 19	page(s)	_____

INTRODUCTION

This booklet has been prepared by the Organization & Personnel Department of Gulf Oil Corporation for the use of employees and annuitants in recording vital personal data and financial information so necessary in case of a personal emergency.

When an emergency occurs while you are away from home, sick or disabled, or in the event of your death, a good deal of trouble and possible financial loss can be avoided if this completed booklet is in the hands of your family or someone who can act for you and in a specific location known to them.

Since everyone's financial situation, beneficiaries, property, advisors and documents change from time to time, it is important that you review the booklet periodically and bring it up to date. And since changes occur, entries should be made in pencil for variable items.

It is suggested that you keep your latest Gulf Benefits Program Annual Statement in the envelope at the back of this booklet.

P4622

BRUNSTING000891

Last Will and Testament

Date of Execution: May 1967
Location of Will: TNBC - TRUST DEPT.

Estate Trustee: _____
Address: _____

Estate Executors: Name: NEVA
Address: _____

Name: TNBC
Address: _____

Name: _____
Address: _____

Children's Guardians: NEVA GRAND PARENTS
Address: _____

Will Prepared By: R. BRUCE LABOON
Address: LIPKIN, DAWSON, SAPP & ZUCKER
510 GULF BLDG. - HOUSTON

Codicils or Changes to Will

Date of Execution: _____
Location of Codicil: _____

Prepared by: _____
Address: _____

Date of Execution: _____
Location of Codicil: _____

Prepared by: _____
Address: _____

Income Tax

Location of prior years' returns:

Federal: FILER BOX - MY CHSRT
State: "
Local: —

Location of current withholding tax forms and receipts:

d. ITU

Location of cancelled checks and check books:

d. ITU

Notes

Power of Attorney

Date of Execution: _____
Name: _____
Address: _____

Phone No.: _____
Location of Document: _____

Life Insurance on Employee and Others

Gulf Group Life Insurance

Yes No

Beneficiary: FIRST - NELVA - COAST - THE CHILDREN

Location of Policy: Home Ins. File

National Service Life Insurance (G.I.)

Address of Office: PHILLY - PAY. MUNI

Name of Insured: ELMER H

Number of Policy: V-1708-75-02

Type of Policy: ORDINARY LIFE - 10,000 \$100/MO

Beneficiary: NELVA (1) CHILDREN (2)

Loans on Policy: Yes No Assigned as Security Yes No

Location of Policy: HOME - INSURANCE FILE

Other Life Insurance

Insurance Company: OHIO STATE

Address: COLUMBUS OHIO

Name(s) of Insured: ELMER H

Number of Policy: 322345 - 6000

Type of Policy: ORD. LIFE

Beneficiary: (1) NELVA - (2) CHILDREN

Loans on Policy: Yes No Assigned as Security Yes No

Location of Policy: HOME

Insurance Agent: JAMES C McFARLAND

Address: LOVELAND, OHIO

Insurance Company: DITTO

Address:

Name(s) of Insured:

Number of Policy: 605-102 - 9000

Type of Policy: ORD. LIFE

Beneficiary:

Loans on Policy: Yes No Assigned as Security Yes No

Location of Policy:

Insurance Agent:

Address:

Make sure your beneficiaries are correct.

Other Life Insurance

Insurance Company: METROPOLITAN LIFE
 Address: MUSKOGEE, OKLA DISTRICT

Name(s) of Insured: ELMER
 Number of Policy: 21 282 000 \$ 9,41
 Type of Policy: ORD LIFE
 Beneficiary: MELVA CHILDREN
 Loans on Policy: Yes No Assigned as Security Yes No
 Location of Policy: HOME
 Insurance Agent: J.A. WOODALL
 Address: PRVOR OKLA

Insurance Company: TRAVELERS
 Address: _____

Name(s) of Insured: ELMER
 Number of Policy: G-16400 (DEER) \$ 3,735⁰⁰
 Type of Policy: PAID UP
 Beneficiary: _____ _____
 Loans on Policy: Yes No Assigned as Security Yes No
 Location of Policy: _____
 Insurance Agent: _____
 Address: _____

Insurance Company: N.Y. LIFE
 Address: _____

Name(s) of Insured: ELMER
 Number of Policy: 12 573 933 \$ 7,000
 Type of Policy: 47 YR PAY- 60 ENDOW
 Beneficiary: MOTHER
 Loans on Policy: Yes No Assigned as Security Yes No
 Location of Policy: HOME
 Insurance Agent: _____
 Address: _____

Make sure your beneficiaries are correct.

Health and Accident Insurance

Gulf Voluntary Group Accident Insurance

Yes

No

Location of Agreement:

HOME

Beneficiary:

① NEVA ② CHILDREN

Other Accident Insurance

Insurance Company:

Address:

Number of Policy:

Beneficiary:

Location of Policy:

Insurance Agent:

Address:

Hospitalization Insurance

Insurance Company:

CONN. GEN

Address:

Group Number:

22740-01

Contract Number:

Location of Card or Identification:

BILK FOLD

Surgical Insurance

Insurance Company:

Address:

Group Number:

Contract Number:

Location of Card or Identification:

Major Medical

Insurance Company:

Address:

Group Number:

Contract Number:

Location of Card or Identification:

Blood Bank

Name:

Address:

Group or Card Number:

Disability Insurance

Insurance Company:

~~METROPOLITAN~~

Address:

Number of Policy:

~~3-837-349 AN *200/Mo + 10,000~~

Location of Policy:

~~Home~~

Insurance Agent:

~~WOODALL~~

Address:

Insurance Company:

~~CONN. GEN~~

Address:

Number of Policy:

~~22263-13 (GULF)~~

Location of Policy:

Insurance Agent:

Address:

Check Life and other Insurance policies for Disability Benefits.

Travel Insurance (Other than Gulf)

Insurance Company:

Address:

Number of Policy:

Beneficiary:

Location of Policy:

Insurance Agent:

Address:

Home Insurance—Fire, Theft & Liability

Insurance Company: STATE FARM MUT.
 Address: _____
 Number of Policy: 53-088074
 Location of Policy: HOMR
 Insurance Agent: DARRRELL WILLIAMS
 Address: 14623 MEMORIAL

Other Home Coverage(s)

Automobile Insurance

Make and Year of Car: 1969 PONT. SW 1975 VW RABBIT
 Insurance Company: STATE FARM
 Address: _____
 Number of Policy: 5100 506 C07-53F ---
 Location of Policy: _____
 Insurance Agent: DARRRELL WILLIAMS
 Address: 14623 MEMORIAL ---

Make and Year of Car: _____
 Insurance Company: _____
 Address: _____
 Number of Policy: _____
 Location of Policy: _____
 Insurance Agent: _____
 Address: _____

Make and Year of Car: _____
 Insurance Company: _____
 Address: _____
 Number of Policy: _____
 Location of Policy: _____
 Insurance Agent: _____
 Address: _____

Bank, Savings & Loan and Credit Union Accounts

Institution	Address	Type of Account (Checking, Saving, Etc.)	Account or Book Number	Book Location
ROBERT FREDSON	MILLINGTON TN	COLLATERAL REFINANCE	811 37107	Bank Book 4001 2001
GIBBALTER SBL	HOUSTON	T.D		HOME 6000
"	"	PAY BANK		HOME
GOLF EMP. FED C.U.	HOUSTON	PAY BANK		HOME
Home Savings Bank	Houston	Pass Book	62-147819	2001

Safe Deposit Box

Name of Bank: T.N.B.C. WEST LAKE
Address: HOUSTON

Box Number: 1385 Number of Key: 1385

Location of Keys: REB-1 NEB-1

Box can be opened by: REB & NEB

Box Inventory as of: 8/83
(date)

- 1. Leather folder - records of stocks & bonds -
mentioned on the back
- 2. Navy discharge papers
- 3. Diamonds & gemstones watch - Carl's work.
- 4. SPRIS-E, RE & NH Bonds

Residence

Property Description: 1 1/2 STORY - SBR.
Location: 13630 PINE ROCK
HOUSTON

Deed in name(s) of: _____
Purchase Price: 39,988.28
Mortgage Holder: HOLLAND MFG. TRUST CO.
Address: HOUSTON

Handwritten notes:
Paid off
Paperwork
Get all papers
submitted

Location of following papers: BANK BOX

- Deed
- Copy of Mortgage
- Title Insurance Policy
- Abstract of Title
- Survey
- Closing Statement
- Insurance Policies
- Tax Receipts
- Statement of Building Costs
- Leases, Security deposits, Rent deposits, etc.

Other Real Estate Owned: mother's estate
Property Description: 5.103.25' x E 105' lot 1 Block 1
Location: Dawson's addn - Hill, Texas

Location of papers and information similar to above: deed - mother's (copy) 1981
Name of General Insurance Broker: Cliff Kook - Hill, Texas
Address: Hill, Texas

Property Description: NW 1/4 SBR 2 TWP 96N
Location: Rang 45W OF 5 P.M. 149.6A
STARR COUNTY - TEXAS

Location of papers and information similar to above: deed & info - mother's copy
Name of General Insurance Broker: _____
Address: _____

Property Description: _____
Location: _____

Location of papers and information similar to above: _____

Savings Bonds

Date of Purchase	Series Number	Cost	Value at Maturity	Date of Maturity
Aug 1942	Q 114 868 916 E E (Julva)	18.75	25 ⁰⁰	Aug 52
Dec 1942	Q 309 864 287 E E (Julva)	18.75	25 ⁰⁰	Dec 52
Dec 1943	L 176 2673 E	1.	25	" 53
" "	Q 333 777 110 E	37.50	50	" "
March 44	Q 344 710 233 E	18.75	25	Mar 54
" "	C 74 158 881 E	75.00	100	" "
Nov 48	C 145 583 149 E	75	100	Nov 58
" "	" 8 E	75	100	" "
" "	" 7 E	75	100	" "
Feb 67	C 473 210 620 E	75	100	Feb 74
Mar 67	Q 225 619 231 E	18.75	25	March 74
" "	C 478 102 748 E	75	100	" 74
April 67	C 481 007 631 E	75	100	April 74
May 67	Q 228 116 852 E	18.75	25	May 74
" "	C 482 224 944 E	75	100	" "
June 67	C 483 484 536 E	75	100	June 74
July 67	Q 229 110 385 E	18.75	25	July 74
" "	C 484 066 283 E	75	100	" "
Aug 67	Q 228 113 331 E	18.75	25	Aug 74
" "	C 485 440 501 E	75	100	" "
Sept 67	Q 228 365 942 E	18.75	25	Sept 74
" "	C 485 754 711 E	75	100	" "
Oct 67	C 485 471 733 E	75	100	Oct 74
Nov 67	Q 226 934 634 E	18.75	25	Nov 74
" "	C 486 391 496 E	75	100	" "
Dec 67	Q 232 356 946 E	18.75	25	Dec 74

Location of Bonds:

Savings Bonds

Date of Purchase	Series Number	Cost	Value at Maturity	Date of Maturity
Dec 67	C 488 360 935 E	75	100	Dec 74
Jan 68	Q 2323 610188 E	18.75	25	Jan 75
" "	C 488 366 018 E	75	100	" "
(22) Feb 68	C 488 381 533 E	75	100	Feb 75
Feb 68	Q 2 335 967 511 E	18.75	25	Mar 75
"	C 487 557 666 E	75	100	"
April 68	Q 2 342 322 588 E	18.75	25	April 75
"	C 491 930 881 E	75	100	"
May 68	Q 2342 657 424 E	18.75	25	May 75
"	C 491 983 415 E	75	100	"
June 68	Q 2 362 359 135 E	18.75	25	June 75
"	C 492 018 621 E	75	100	"
July 68	C 492 930 507 E	75	100	July 75
Aug 68	Q 2369 597 937 E	18.75	25	Aug 75
"	C 495 526 689 E	75	100	"
Sept 68	Q 2376 239 787 E	18.75	25	Sept 75
"	C 495 534 472 E	75	100	"
Oct 68	Q 2376 412 853 E	18.75	25	Oct 75
Oct 68	Q 495 571 546 E	75	100	"
Nov 68	Q 2382 934 338 E	18.75	25	Nov 75
"	C 496 529 219 E	75	100	"
Dec 68	Q 2389 590 020 E	18.75	25	Dec 75
"	C 496 545 465 E	75	100	"
Jan 69	Q 2402 769 422 E	18.75	25	Jan 76
"	C 497 448 486 E	75	100	"
(24) Feb 69	Q 2409 938 642 E	18.75	25	Feb 76

Location of Bonds:

Savings Bonds

Date of Purchase	Series Number	Cost	Value at Maturity	Date of Maturity
Feb 69	C 489 254 901 E	75	100	Feb 76
Mar 69	L 757 031 580 E	37.50	50	March "
"	C 499 266 790 E	75	100	"
April 69	Q 242 715 395 E	18.75	25	April "
"	C 499 274 128 E	75	100	"
May 69	L 763 056 023 E	37.50	50	May
"	C 502 224 708 E	75	100	"
June 69	L 766 519 117 E	37.50	50	June 76
"	C 502 238 466 E	75	100	"
July 69	Q 244 0232 903 E	18.75	25	July "
"	C 502 260 677 E	75	100	"
Aug 69	L 772 779 359 E	37.50	50	Aug 76
"	C 504 859 197 E	75	100	"
Sept 69	L 775 389 203 E	37.50	50	Sept
"	C 504 883 348 E	75	100	"
Oct 69	Q 246 824 977 E	18.75	25	Oct
"	C 506 399 101 E	75	100	"
Nov 69	L 777 324 452 E	37.50	50	Nov
"	C 506 442 126 E	75	100	"
Dec 69	Q 247 636 342 E	18.75	25	Dec 76
"	C 506 449 027 E	75	100	" "
Jan 70	L 779 316 396 E	37.50	50	Jan 77
"	C 507 351 868 E	75	100	"
Feb 1970	Q 248 045 403 E	18.75	25	5yr/10mo
"	C 507 370 577 E	75	100	7yr
March	L 781 573 895 E	37.50	50	7yr

Location of Bonds:

P4635

BRUNSTING000904

29-25 725
 Savings Bonds 18.50 - 900
 52-100 5200
 6925

Date of Purchase	Series Number	Cost	Value at Maturity	Date of Maturity
March 1970	C 509742914E	75	100	7
April	L 781 622 843E	37.50	50	7
"	C 513 299 043E	75	100	5/10
May	L 781 689 413E	37.50	50	7
"	C 513 338 157E	75	100	5/10
June	L 781 840 738E	37.50	50	7
"	C 513 377 851E	75	100	5/10
July 1970	L 794 088 301E	37.50	50	5/10
"	C 513 404 100E	75	100	5/10
Aug	L 796 803 815E	37.50	50	5/10
"	C 515 732 747E	75	100	5/10
Sept	D 2528 703 93E	18.75	25	5/10
"	C 515 801 272E	75	100	5/10
Oct	L 801 969 302E	37.5	50	5/10
"	C 515 833 390E	75	100	5/10
Nov	L 802 022 535E	37.50	50	5/10
"	C 515 886 581E	75	100	5/10
Dec 1970	L 807 326 463E	37.50	50	5/10
"	C 518 936 590E	75	100	5/10
Jan 71	L 807 366 068E	37.50	50	5/10
"	C 518 480 821E	75	100	5/10

Location of Bonds:

Securities

Company	Type of Security	Certificate Number	Date Acquired*	No. of Shares	Unit Price	Total Cost	Pledged as Loan Security	Location of Certificate
GRANITE CITY STEEL	C.S.		11/21/64	100	21 3/4	2203.75	EMERGED 49	NATL 48.97
NATL STEEL		90081		45				M.L.P.F.S.
ALLIED CHEM	C.S.	cont	4/3/65	100	29 7/8	3026.44	5746.29	M.L.P.F.S.
HEWLETT-PACKARD	C.S.		5/2/72	100	23 7/8	2490.50	500	M.L.P.F.S.
ALLIS CHALMERS	C.S.	SPKX	5/2/72	100	13 3/4	1366.35		M.L.P.F.S.
Omaha Lin		cont	12/17/79	100	10 1/4	1085.90	61395	cont.
Molveno		cont	12/17/79	100	8 7/8	920.79	4627.50	
POLAROID			7/30/82	100	21	2155.35		
SPIREY COMP		cont	7/30/82	100	22 1/2	2269.78	5275.97	SPAN 5/14/85
HANNA MINING			11/24/82	100	18 1/4	1863.04		
SYRAN		cont	1/13/83	200	17 7/8	3668.26		
AMF		cont	7/14/83	100	16 3/4	1723.22	71855.24 39 - 1016	
MIT 13 3/4 OCT 85		cont 10/1/85	10/19/83	10	1011.23	10130.40	TAX FERR	
LOW OR ALK		cont 80	7/23/82	100	18 7/8	1939.30	DIV PERKINET	SDB 10/85
" " "			10/04/82	500	20 3/4	10384.23		" "

*Note with asterisk if acquired by gift or inheritance, and indicate valuation in cost column.

Securities

Company	Type of Security	Certificate Number	Date Acquired*	No. of Shares	Unit Price	Total Cost	Pledged as Loan Security	Location of Certificate
DEERE CO	C.S.	ND52006	11/17/61	10	53 1/2	535.50	-	BANK BOX
"	C.S.	ND62773	12/6/62	10	70 3/4	719.73		1265.73
"	C.I.C.	ND65295	12/31/63	20	21.15 SPLIT			
"	C.I.S.	SP000982	9/24/72	40	21.15 SPLIT			
"	C.S.	S-15831	11/1/76	80	21.15 SPLIT			
COMP FARMERS	C.S.	F-97787	11/1/61	5	3.2	16.00	TO CENTRAL BANK	Bank Box
Comp Light	C.S.	Do 27707	10/23/61	7	2.125	14.875		
Comp Light	C.S.	Do 27704	10/23/61	3	3.12	9.36	10.00	
Comp Light	C.S.	Do 27705	10/23/61	25	0			
Comp Light	C.S.	Do 27706	10/23/61	27	0			
Comp Light	C.S.	Do 27707	10/23/61	10	10.17	101.70		
Comp Light	C.S.	Do 27708	10/23/61	150				
Comp Light	C.S.	Do 27709	10/23/61	200	5	1000		
Comp Light	C.S.	Do 27710	10/23/61	100	5	500		
Comp Light	C.S.	Do 27711	10/23/61	244	5	1220		

*Note with asterisk if acquired by gift or inheritance, and indicate valuation in cost column.

Securities

Company	Type of Security	Certificate Number	Date Acquired*	No. of Shares	Unit Price	Total Cost	Pledged as Loan Security	Location of Certificate
GUNR OIL	CS	SP13411	1/16/63	16	44.1875	707.61		S.D. Box
"	"	SP132276	1/15/70	17	24.85	433.56		S.D. Box
"	"	SP157168	1/15/71	16	30.1875	487.81		S.D. Box
"	"	SP171049	1/14/72	20	26.5625	533.34		S.D. Box
"	SP-150 225	SP190225	1/14/73	27	25.5625	713.56		TO Orling & Co Hospital 14 22/63
"	SP-208 950	GUSIP 402460 109	2/8/74	25	21.98	630.77		Gift to S. Herndon Hospital 14 24/63
"	"	123258	2/14/75	36	20.25	742.97		
"	"	159155	2/14/76	43	24.71	1062.70		
"	"	226538	2/11/77	58	29.025	1704.67		
"	"	245760	2/10/78	61	24.6875	1505.99		
"	"	264475	2/9/77	55	23.9775	1322.15		
"	"	383386	2/8/80	59	45.9375	2732.09		
"	"	280728	7/31/83	31	31.2000	12086.25		
"	"	285764	10/21/50	156	32.50	5420.53		
"	"	293782	1/30/83	105	33.71	2465.35		
"	"	292060	03/23/84	17	34.15	587.26		
"	"		9/1/84	16	35.2	563.26		

*Note with asterisk if acquired by gift or inheritance, and indicate valuation in cost column.

434-
587
587

Def Long Term - not tax paid

Securities

Company	Type of Security	Certificate Number	Date Acquired*	No. of Shares	Unit Price	Total Cost	Pledged as Loan Security	Location of Certificate
			2/81	69	38.215	2654.97	DR 787/63 Payne	
			2/14/82	59			ZQ 280728	
			2/16/83	51,652				
BANKOR STATE			10/3/83	1000		10000		STANBIS A PA
SALES GEN FUND			11/30/83	399,34	12.52	5000		" "
MUD								
Smith Barney		MANA0942	1/7/84	100	57 1/8	5752.50	SOLD	
Smith Barney		CB 187598	1/7/84	100	22 3/4	2277.50	SOLD	
Banker		C-505201	4/7/84	300	37 1/4	11,262.05		
Charron		28	11/7/84	300	31 1/4	9508.06		
Charron		29	4/1/85	6	31 25	187.50		Pearson
Wells Fargo		A-32182	4/1/85	300	17	5100	paid	
Wells Fargo		440-494	12/1/86	300	17	5100	paid	
Wells Fargo		2234	8/1/87	300	17	5100	paid	
Wells Fargo		45760	8/1/87	300	17	5100	paid	

*Note with asterisk if acquired by gift or inheritance, and indicate valuation in cost column.

*Note with asterisk if acquired by gift or inheritance, and indicate valuation in cost column.

Securities

Company	Type of Security	Certificate Number	Date Acquired*	No. of Shares	Unit Price	Total Cost	Pledged as Loan Security	Location of Certificate
Pharmy Farm, NEB	Stock	# 426	4/16/83	300	13.57	Purchased	1988	500
" " East	"	# 427	4/15/83	200	13.57			500
Orchard Secm	Stock	FBI-6012		754			Loan from 10/24/80	1985 500
" " "	"	FBI-688		754			1/20/81	500
Chesam Corp	"	20587	6/11/94	300	SPWT			
Chesam Corp	"	15497	6/11/94	6	SPWT			

*Note with asterisk if acquired by gift or inheritance, and indicate valuation in cost column.

Securities

Company	Type of Security	Certificate Number	Date Acquired*	No. of Shares	Unit Price	Total Cost	Pledged as Loan Security	Location of Certificate

Firm Handling Security orders (Bank, Brokerage or Other): Name _____
Address _____
Name of Person Handling Account _____

*Note with asterisk if acquired by gift or inheritance, and indicate valuation in cost column.

Type: _____
 Name of Company: _____
 Location of Papers: _____

 Type: _____
 Name of Company: _____
 Location of Papers: _____

Existing Trust Funds

Trust Fund(s) Established by Employee

Beneficiaries: _____

 Date Established: _____
 Location of Trust Agreement: _____
 Trustees: _____
 Trust Agreement Prepared By: _____
 Address: _____

Trust Fund With Employee as Beneficiary

Trust Fund Established By: _____
 Location of Papers: _____

Employee's Heirs Beneficiaries of Trust Funds

Trust Fund Established By: _____
 Location of Papers: _____

Other:

Personal Obligations

Loans Outstanding

Institution	Address	Date of Loan	Amount	Collateral	Location of Agreement

Installment Purchases

Company	Address	Item Purchased	Location of Agreement or Book

Gulf Employment and Benefits
(In Effect as of July 1, 1969)

Date of Employment: 10/1/65 Employee Number: 114162
Contact my Gulf Supervisor for advice and assistance: N. N. BUCKS BAUM

Gulf makes available these benefits which can be of significant value to your beneficiaries if you die in Gulf service:

Annuities and Benefits Plan—Survivor Benefits

If you had fifteen years time service, or were eligible for normal or early retirement, your beneficiary would, subject to the provisions of the last paragraph of Section 6A of the Plan, receive a lump sum death benefit of sixty times your accrued monthly allowance. (See Section 6B of the Plan.)

Location of Papers: _____ Beneficiary(ies): _____

Contributory Retirement Plan—Survivor Benefits

The death benefit to your beneficiary would be twice your accumulated contributions including interest. (See Section 4 of the Plan.)

Location of Papers: _____ Beneficiary(ies): _____

Savings-Stock Bonus Plan—Survivor Benefits

Your Savings Bonds would be delivered either to the Co-owner _____ OR
your Beneficiary(ies) _____ you have designated. (See Section 5 of the Plan.)

Your remaining cash balance and stock bonus would be delivered to your Beneficiary(ies)
_____ (See Sections 5 and 6 of the Plan.)

Location of Papers: _____

IT IS SUGGESTED THAT THE GULF FORMS FOR THE ABOVE THREE PLANS
DESIGNATING YOUR BENEFICIARIES BE KEPT IN THE BACK OF THIS BOOKLET.

Group Life Insurance Plan—Survivor Benefits

See page 4.

Voluntary Group Accident Insurance Program—Disability and Survivor Benefits

See page 6.

Gulf Travel Accident Insurance—For Travel on Company Business

Beneficiary: Same as under Group Life Insurance Plan unless specified by employee.

See my Annual Benefits Statement at back of booklet for latest estimate of benefits.

Other Retirement Plans

Names and Benefits:

PEERE & CO

MINN MUTUAL LIFE

\$132.44/MO

OCT 1, 1986

Notes:

Employment Prior to Joining Gulf

Name of Company: _____

Address: _____

Last Position: _____

Employment Dates: From _____ To _____

Benefits: Pension _____

Insurance _____

Other _____

Name of Company: _____

Address: _____

Last Position: _____

Employment Dates: From _____ To _____

Benefits: Pension _____

Insurance _____

Other _____

Notes:

Social Security

31

	Social Security Number	Location of Card
Husband	282-32-8905	BANK BOX
Wife	481-30-4685	
Children (names):		
CANDACE L	509-56-6240	
CAROL A	509-56-6228	
CARL H	509-56-6234	
AMY R	456-25-5947	
ANITA K	457-25-1860	

CONTACT LOCAL SOCIAL SECURITY OFFICE PROMPTLY

Veterans' Benefits

Location of:

Military Discharge Certificate: DEPOSIT BOX

Pension or Other Veteran Records:

Veterans Administration Claim ("C") Number:

Military Service Number: 369974

Branch of Armed Forces: US NAVY

Dates of Service: From: MARCH 6, 1944 To: July 1946

CONTACT LOCAL VETERANS ADMINISTRATION OFFICE PROMPTLY
FOR POSSIBLE BENEFITS.

P4652

BRUNSTING000921

Club and Organization Memberships

Name	Address	Saleable Shares, Bonds or Beneficial Interests	Insurance or Death Benefits	Location of Papers
WILCHESTER CLUB	Houston	100	-	BANK BOX

Notes:

Credit Cards

33

Company	Address	Card Number

Credit Card Extended Indebtedness

Company	Dates	Purpose

Birth Certificates

	Name	Location
Husband:	ELMER H	TNBC. Box
Wife:	NELVA E	
Children:	CANDACE L	
	CAROL A	
	CARL H	
	AMY R	
	ANITA K	

Marriage Certificate

Location: DEPOSIT BOX TNBC - WITH BIRTH CERTIFICATES

Divorce or Separation Papers

Location: _____

Naturalization/Alien Registration Papers

Location: _____

Cemetery Plot

Name of Cemetery: Hope Cemetery

Address: HULL, IOWA

Plot Number: E 1/2 lot 44 Block 1

Deed Location: Dep. Box

Location of Funeral Instructions: _____

Passport

35

Passport Number: B 174179
 Country of Issue: U.S.
 Date of Issue: 3/22/71 *21082*
 Location of Passport: Green drawer

Automobile/Other

~~Make, Model and Year: PONTIAC S/W - 1969
 Date and State of Purchase: 6/4/70
 Title Policy Number: _____
 Location of Title Policy and Bill of Sale: BANK BOA~~

~~Make, Model and Year: VW RABBIT 4D 1975
 Date and State of Purchase: 3/4/75
 Title Policy Number: _____
 Location of Title Policy and Bill of Sale: BANK BOA~~

Make, Model and Year: _____
 Date and State of Purchase: _____
 Title Policy Number: _____
 Location of Title Policy and Bill of Sale: _____

Boat/Camper/Trailer

Make, Model and Year: _____
 Date and State of Purchase: _____
 Title Policy Number: _____
 Location of Title Policy and Bill of Sale: _____

Make, Model and Year: _____
 Date and State of Purchase: _____
 Title Policy Number: _____
 Location of Title Policy and Bill of Sale: _____

Notification of Family, Relatives or Friends

Name: _____

Address: _____

Tel. No.: _____

Name: _____

Address: _____

Tel. No.: _____

Name: _____

Address: _____

Tel. No.: _____

Name: _____

Address: _____

Tel. No.: _____

Name: _____

Address: _____

Tel. No.: _____

Family Data

Father's Name: LUKE H. BRUNSTING
Address: DECEASED

Place of Birth: HULL, IOWA
Date of Birth: 5/7/1895 - 1/18-71

Mother's Name: GERTIE (RIKKERS) BRUNSTING
Maiden Name: _____
Address: HULL, IOWA

Place of Birth: HULL, IOWA
Date of Birth: 5/28/1898

Personal Contacts

Attorney: R. BRUCE/LA BOON
Address: GULF BLDG. 5TH FL.
Tel. No.: 262-4151

Accountant:
Address:
Tel. No.:

Banker:
Address:
Tel. No.:

Broker: NORRIS BARRY - MLPPS Ellen Weir
Address: TENNACO BLDG
Tel. No.: 228-2567 840-4852

Clergyman:
Address:
Tel. No.:

Doctor: R. E. WHITE
Address:
Tel. No.: 465-5491

Executor of Estate: NELVA
Address:
Tel. No.:

Gulf Supervisor: N. N. BUELD'S BAUM
Address:
Tel. No.: (713) 226-2802

Insurance Agent: W. A. WOODALL
Address: PRVOR O.K.H.
Tel. No.:

Lined writing area for notes.

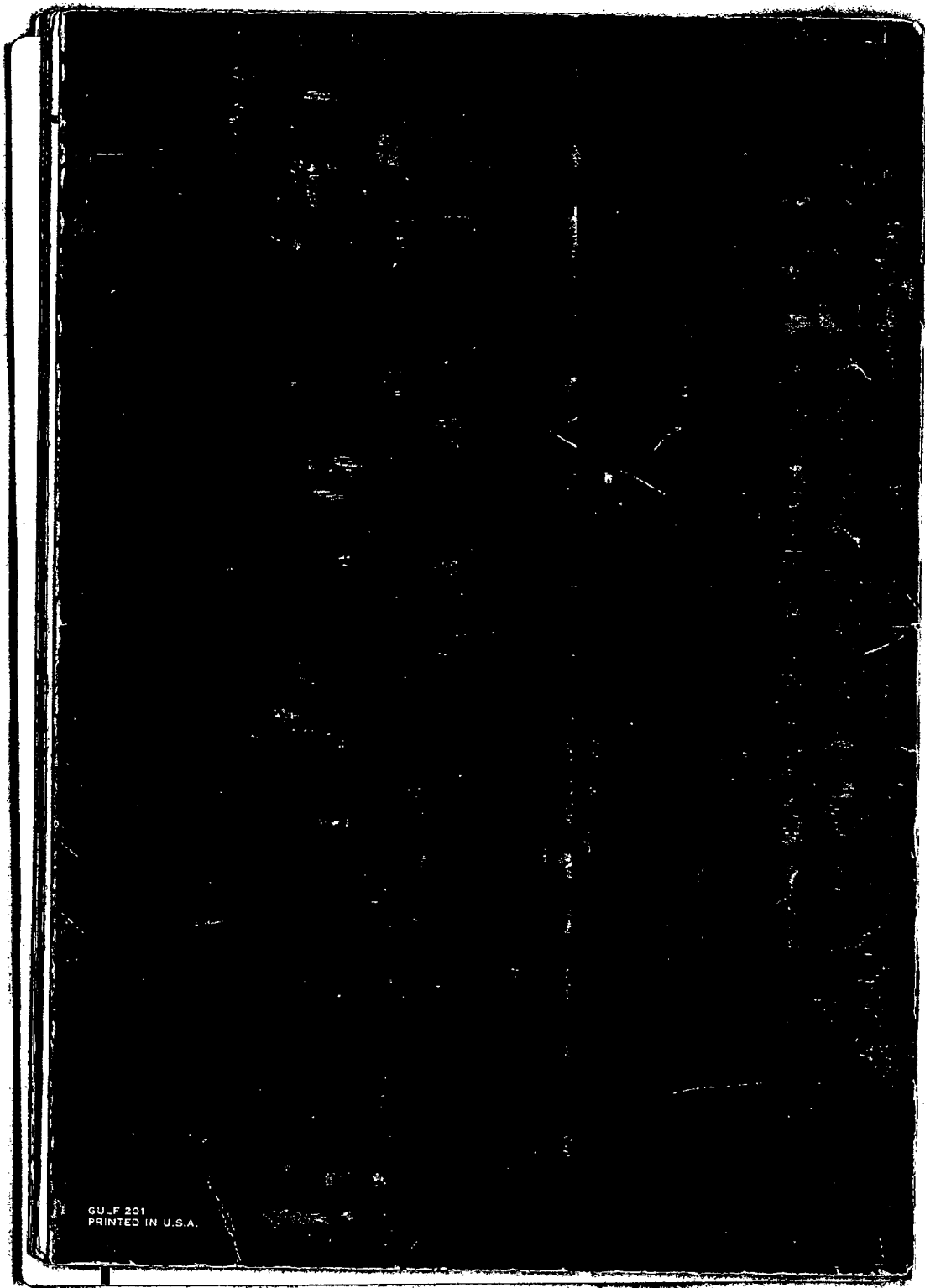
Lined area for notes.

Lined area for notes.

**For
Annual Benefits Statement
and
Gulf Beneficiary Forms**

P4662

BRUNSTING000931



P4663

BRUNSTING000932

~~CLIFF TOPKIDS (9/16)~~

P4664

BRUNSTING000933

9216

Gulf Oil Corporation

August 31, 1983

Gulf Building
Pittsburgh, Pa. 15230

BENEFITS COMMITTEE

G. M. Binegar
CHAIRMAN
M. P. Breaux
VICE CHAIRMAN
C. A. Boyce
R. L. Gibson
J. J. Ross
P. E. Wyche
Philip E. Lintner
SECRETARY

5404

412-263-5464

Call Schellhammer
10/14
Blenda Kelly wrote
letter - 10/14

Mr. Elmer H. Brunsting
13610 Pinerock
Houston, TX 77079

Dear Mr. Brunsting:

We have received your Notifications of Retirement effective July 31, 1983 under the Gulf Pension Plan.

On or about the last day of this month, you will receive (or have deposited if we have been so authorized) a check of the Gulf Oil Corporation Employee Benefit Plans Account. This check will include your regular monthly pension payment and because you have contributions under the Plan and have elected to take a fixed sum amount equal to such contributions (with interest) as provided by Section 6C of the Plan, this check also includes payment of this fixed sum in the amount of \$2,875.63. In addition to these payments, this check also contains your payment under the Special Voluntary Early Retirement Program of \$30,970.00 payable for 1983. Subject to the provisions of the Plan, and until there are changes in your deductions, each month thereafter, a check in the amount shown on the attachment to this letter will be sent you (or to your bank) covering the pension due you under the Plan.

The remaining portion of your severance benefit in the amount of \$21,670.00 will be paid to you on or about January 15, 1984.

Under the Special Voluntary Early Retirement Program all payments are considered taxable and are subject to Federal Income Tax withholding.

Your monthly checks should be personally endorsed by you. If, by reason of illness or for any other cause, you are unable to sign your name, you may endorse by mark (X). Your mark (X) should be witnessed by two persons who should then sign their names on the check and furnish their addresses.

Changes in the address to which your pension checks are mailed will be made only upon receipt of authority signed by you, by mark if necessary. This is for your protection, as well as for the protection of Gulf Oil Corporation.



P4665

BRUNSTING000934

8/31/83

FROM: Philip E. Lintner TO: Mr. Elmer H. Brunsting

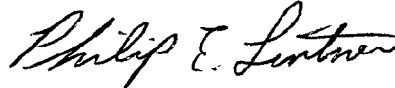
Page 2

The pension payments you receive from any of the qualified Gulf or acquired company plans are subject to Federal income tax withholding and any withholding will only apply to the taxable portion of your monthly pension payments. We will furnish you and the Internal Revenue Service with Forms W-2P annually.

Following is the tax information in connection with the Option C fixed sum payment:

<u>Fixed Sum Payment</u>	<u>Non-Taxable (Return of Contributions)</u>	<u>Ordinary Income</u>	(Less) <u>10% U.S. Withholding On Ordinary Income</u>
\$2,875.63	\$1,557.16	\$1,318.47	\$ -0-

Very truly yours,



Philip E. Lintner
Secretary
Benefits Committee

JP:lf

Attachment

P4666

BRUNSTING000935

Elmer H. Brunsting

17 years and 7 months of benefit-service

	<u>Monthly Amount</u>
Gulf Pension Plan	\$1,467.15
Pre-Social Security Allowance Payment	138.47
This amount will be paid to you under the Gulf Pension Plan. However, this payment will cease when you are entitled to a disability payment under Social Security, or after attainment of age 62, or after death.	
Total	\$1,605.62
Less: Gulf Group Life Insurance contribution	\$64.00
Hospitalization Insurance contribution	22.50
Accident Insurance premium	2.70
U. S. Tax	<u>0.00</u>
	<u>89.20</u>
Net amount of check	<u>\$1,516.42</u>

OPTION A INFORMATION

With your election of Option A, you will receive a reduced pension payable during your lifetime while your joint annuitant is living to provide for a pension to be payable after your death to your joint annuitant for life, if your joint annuitant survives you. Your joint annuitant, Nelvae Brunsting, if living at the time of your death will receive a lifetime monthly pension of \$119.73 plus a spouse-pension of \$613.86 for a total monthly lifetime pension of \$733.59 under the Plan. In the event your joint annuitant should predecease you, your Option A pension shall be cancelled when the Secretary of the Benefits Committee is notified of your joint annuitant's death, but effective as of the date of your joint annuitant's death. In this event, your monthly payment under the Plan will increase from \$1,467.15 to \$1,512.61.

P4667

BRUNSTING000936

Gulf Oil Corporation

Gulf Building, Pittsburgh, Pennsylvania 15230

January 23, 1984

Dear Annuitant:

Gulf has just approved a \$10.00 increase in the contributions the Company makes each month to assist eligible annuitants (who do not qualify for Medicare) in obtaining medical benefits coverage.

Effective for coverage from January 1, 1984, Gulf's contributions for an annuitant (regardless of whether dependents are covered) will be up to \$161.50 per month, or up to a total of \$1,938.00 per year.

As usual, Gulf's contributions toward medical care may not exceed the actual monthly cost of coverage.

Annuitants who are members of the Gulf Medical Plan should also know that the Insured Benefits Committee has announced that new rates for the Plan will become effective on February 1, 1984.

The monthly cost to annuitants who are Plan members will be as follows (see below for explanation of January pension checks):

	<u>Monthly Plan Cost</u>	<u>Gulf Contribution</u>	<u>Annuitant's Net Cost</u>
Annuitant without dependents*	\$ 80.00	\$ 80.00	\$ 0
Annuitant with one or more dependents*	\$212.00	\$161.50	\$50.50

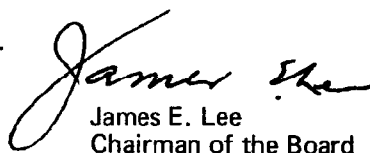
*assuming no Medicare coverage applies

Because the increase in Gulf's contributions for annuitants (who do not qualify for Medicare) is effective from January 1, it would normally have been applied toward the deduction made in the December, 1983 pension check for January coverage. Accordingly, a special one-time adjustment will be made in January pension checks to reflect the increased Gulf contribution.

With this latest increase, the levels of Gulf's health care contributions for annuitants (who do not qualify for Medicare) will have risen by 58% in just the last five years.

The continually rising cost of medical care affects all of us, and a special Task Force will be studying this problem during 1984 to see what can be done to keep medical benefits affordable. In the meantime, we hope that Gulf's contributions will help annuitants to pay for the cost of this important protection.

Sincerely,


James E. Lee
Chairman of the Board



P4668

BRUNSTING000937

Gulf Oil Corporation

Gulf Building, Pittsburgh, Pennsylvania 15230

ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON

114162
028-23-2890
TX 77079

Recently, we sent an erroneous Federal W-2 Form indicating wages and Group Life Taxable in the amount of \$ 253.30 . We have cancelled that W-2 Form and are not sending it to the Internal Revenue Service.

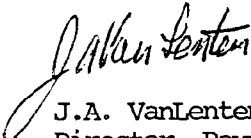
Please destroy the W-2 Form which reflects only the amount shown above in both the wages and Group Life Taxable areas.

We regret any inconvenience this has caused you.

Very truly yours,

W

RHW:ked


J.A. VanLenten,
Director, Payrolls



P4669

BRUNSTING000938

Copy C For employee's records

This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008

GULF OIL CORPORATION
458 GULF BUILDING
PITTSBURGH PA 15230

2 Employer's name, address, and ZIP code

8 Employee's social security number
282-32-8905

9 Federal income tax withheld
.00

12 Employee's name, address, and ZIP code
ELMER H. BRUNSTING
13680 PINE ROCK
HOUSTON TX 77079

3 Employer's identification number 25-0527925		4 Employer's State number	
5 Stat. emp. <input type="checkbox"/>	De- ceased <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	842 emp. <input type="checkbox"/>
6 Allocated tips		7 Advance EIC payment	
10 Wages, tips, other compensation .00		11 Social security tax withheld	
13 Social security wages		14 Social security tips	
16 Employer's use			
17 Cost of group term life insurance included in box 10 .00		18 Other comp also included in box 10	

Copy B To be filed with employee's FEDERAL tax return

This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008

**GULF OIL CORPORATION
458 GULF BUILDING
PITTSBURGH PA 15230**

2 Employer's name, address, and ZIP code

3 Employer's identification number 25-0527925		4 Employer's State number	
5 Stat. employee <input type="checkbox"/>	Deceased <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	942 emp. <input type="checkbox"/>
6 Allocated tips		7 Advance EIC payment	
8 Employee's social security number 282-32-8905	9 Federal income tax withheld .00	10 Wages, tips, other compensation .00	11 Social security tax withheld
12 Employee's name, address, and ZIP code ELMER H BRUNSTING 13630 PINE ROCK HOUSTON TX 77079		13 Social security wages	14 Social security tips
16 Employer's use			
17 Cost of group term life insurance included in box 10 .00		18 Other comp also included in box 10	

Form W-2 Wage and Tax Statement 1983 Department of the Treasury-IRS

P4671

BRUNSTING000940

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1983 Federal income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, and C and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you have non-wage income of more than \$500 and will owe tax of \$300 or more (\$400 for 1984), you should file Form 1040-ES, Estimated Tax for In-

dividuals, and pay the tax in installments during the year. If you retired during 1983 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See **Publication 505, Tax Withholding and Estimated Tax**, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1983 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 6.70%, under Public Law 95-216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance. Federal employees are generally subject only to the 1.30% hospital insurance benefits tax. **C**

**GULF OIL CORPORATION
458 GULF BUILDING
PITTSBURGH PA 15230**

2 Employer's name, address, and ZIP code

8 Employee's social security number

282-32-8905

9 Federal income tax withheld

.00

12 Employee's name, address, and ZIP code

**ELMER H BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079**

Copy B to be filed with employee's FEDERAL tax return

This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008

3 Employer's identification number 25-0527925		4 Employer's State number		
5 Stat. employee <input type="checkbox"/>	Deceased <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	942 emp. <input type="checkbox"/>	Void <input type="checkbox"/>
6 Allocated tips		7 Advance EIC payment		
10 Wages, tips, other compensation 253.30		11 Social security tax withheld		
13 Social security wages		14 Social security tips		
16 Employer's use				
17 Cost of group term life insurance included in box 10 253.30		18 Other comp also included in box 10		

GULF OIL CORPDRATION
 458 GULF BUILDING
 PITTSBURGH PA 15230

2 Employer's name, address, and ZIP code

8 Employee's social security number

9 Federal income tax withheld

282-32-8905

.00

12 Employee's name, address, and ZIP code

ELMER H BRUNSTING
 13630 PINE ROCK
 HOUSTON TX 77079

Copy C For employee's records

This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008

3 Employer's identification number 25-0527925		4 Employer's State number		
5 Stat. em- ployee <input type="checkbox"/>	De- ceased <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	942 emp. <input type="checkbox"/>	Void <input type="checkbox"/>
6 Allocated tips		7 Advance EIC payment		
8 Employee's social security number 282-32-8905		9 Federal income tax withheld .00		10 Wages, tips, other compensation 253.30
11 Social security tax withheld		12 Employee's name, address, and ZIP code		
13 Social security wages		14 Social security tips		
16 Employer's use				
17 Cost of group term life insurance included in box 10 253.30		18 Other comp also included in box 10		

Form W-2 Wage and Tax Statement 1983 Department of the Treasury-IRS

P4674

BRUNSTING000943

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1983 Federal income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, and C and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you have non-wage income of more than \$500 and will owe tax of \$300 or more (\$400 for 1984), you should file Form 1040-ES, Estimated Tax for In-

dividuals, and pay the tax in installments during the year. If you retired during 1983 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See **Publication 505, Tax Withholding and Estimated Tax**, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1983 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 6.70%, under Public Law 95-216, includes 1.30% for hospital insurance benefits and 5.40% for retirement, survivors, and disability insurance. Federal employees are generally subject only to the 1.30% hospital insurance benefits tax.

C

Gulf Oil Corporation

Gulf Building, Pittsburgh, Pennsylvania 15230

August 19, 1983

Dear TRASOP Member:

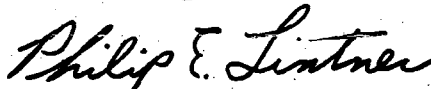
It has come to our attention that the dollar amount of "about \$10.03 for each \$1,000", quoted in Mr. G. M. Binegar's letter dated August 10, 1983, regarding the voluntary contribution to the 1982 TRASOP Plan Year is incorrect.

The fourth paragraph of that letter should read as follows:

Although the exact amounts will not be known until September 15, 1983, we estimate that your allowable contribution and Gulf's matching contribution for 1982 will each be about \$5.02 for each \$1,000 of your "covered compensation" for 1982. See page 3 of your TRASOP booklet for a description of "covered compensation".

If this reduction in the dollar amount from \$10.03 to \$5.02 for each \$1,000 of your "covered compensation" for 1982 changes your decision of whether you wish to contribute or not, please contact your supervisor or Human Resources Representative* and complete a new pledge card which should be marked "CORRECTED PLEDGE".

Sincerely,



Philip E. Lintner
Secretary, Benefits Committee

*Your local Human Resources Representatives are Mr. W. R. Shallenberger, Jr. (754-9216) or Ms. Alice A. Fritz (754-9220).



P4676

BRUNSTING000945

IMPORTANT
NOTICE ON TRASOP

Attached is a letter from Mr. G. M. Binegar and a TRASOP pledge card for the 1982 Plan Year. If you were a member for the 1982 Plan Year, please complete the pledge card and return it to Mr. W. R. Shallenberger, Jr., Room 2418 - Gulf Tower no later than August 26, 1983. We have attached a self-addressed, stamped envelope for your convenience.

Qualifications for membership are as follows:

1. Be earning benefits on or after January 1 of the Plan Year under:
 - a. Gulf Pension Plan
 - b. Gulf Oil Real Estate Development Co. Pension Plan
 - c. Gulfco Puerto Rico Pension Plan

2. Have at least six months of time service credit before the start of the 1982 Plan Year.

Corporate Benefits Administration

P4677

BRUNSTING000946

Gulf Oil Corporation

Gulf Building, Pittsburgh, Pennsylvania 15230

August 10, 1983

Dear Former Employee:

A contributory feature was added to the Gulf Tax Reduction Act Stock Ownership Plan (TRASOP) starting with the 1979 Plan Year to afford you an opportunity to increase your long-term savings.

If you were a Plan Member for the 1982 Plan Year, you are eligible to make a contribution during January 1984 for the 1982 Plan Year. Gulf will match any amount you contribute dollar for dollar. You must return a signed pledge card by September 1, 1983 to be eligible to make a contribution and to receive Gulf's matching contribution for the 1982 Plan Year.

Both your contribution and Gulf's will be invested in Gulf common stock. You will have full vested rights to all of this stock and it will be distributed to you as soon as practicable after your contribution has been received in January 1984.

Although the exact amounts will not be known until September 15, 1983, we estimate that your allowable contribution and Gulf's matching contribution for 1982 will each be about \$10.03 for each \$1,000 of your "covered compensation" for 1982. See page 3 of your TRASOP booklet for a description of "covered compensation".

IF YOU ELECT TO CONTRIBUTE, YOUR CONTRIBUTION MUST BE MADE BY CHECK IN A SINGLE PAYMENT DURING JANUARY 1984.

Enclosed is a pledge card which you should sign and return in the envelope provided. If you elect to contribute, we will furnish to you, as soon as practicable after September 15, 1983, an authorization form indicating the exact amount of the contribution you can elect to remit by check during January 1984.

Regardless of whether you elect to contribute or not, Gulf will make its annual contributions ("Basic Contributions") for the 1982 Plan Year to each Member's account just as it has done for past Plan Years. See pages 3 and 4 of your TRASOP booklet for a description of Gulf's Basic Contributions.

Sincerely,



G. M. Binigar
Chairman, Benefits Committee

Enclosure

(2)



P4678

BRUNSTING000947

TAX REDUCTION ACT STOCK OWNERSHIP PLAN OF GULF OIL CORPORATION

INCOME TAX INFORMATION

The enclosed computer printed form contains information that you will need for federal income tax purposes with respect to the benefits you received from the Gulf TRASOP. You should consult your personal tax advisor with specific reference to your own tax situation and the applicable law as to all the federal, state, and local tax matters in connection with the benefits you received and the sale of stock. The following is only a summary of our understanding of some of the principal federal income tax considerations under present law with respect to the distribution.

The Plan is intended to meet the requirements of a qualified stock bonus plan under Section 401(a) of the Internal Revenue Code. Accordingly, certain Federal income tax rules apply to "lump-sum distributions" from the Plan.

A "lump-sum distribution" is the payment of a member's entire balance in the Plan within one year. Under the Gulf TRASOP, you will normally receive two (or sometimes three) separate payments, in different taxable years, resulting from a single termination of employment. The first payment and any additional payment received in the same calendar year are considered a lump-sum distribution. Any payments received in a subsequent calendar year are considered supplemental distributions and not lump-sum.

Since the Gulf TRASOP was not in effect before 1974 there is no long-term capital gain treatment, except that which might pertain to any gain realized by selling your stock after you have held it for the appropriate period.

(Over)

P4679

BRUNSTING000948

The following rules apply to your benefits from this Plan:

1. If you participated in the Plan for at least five years before the year of distribution, you may be eligible to elect to use a special 10-year averaging method in computing the tax on the ordinary income portion of your payment. To do so, you must compute the tax on Form 4972, "Special 10-Year Averaging Method." This form is available from your nearest Internal Revenue Service Office.
2. In the year that you receive your benefits, you are taxed on the total value of your benefits, including cash and Gulf stock, exclusive of the amount which represents a return of your contributions. If the distribution is a lump-sum, any shares of Gulf stock issued to you are valued at their cost to the Trustee, or to the market value of the stock at the time of distribution to you, whichever is lower. (The enclosed statement shows the cost of the shares received by you.) If the distribution is not a lump-sum, the market value of the stock at the time of distribution is taxable to you, except for the amount which represents a return of your contributions.
3. If the distribution is a lump-sum, it (exclusive of the amount which represents a return of your contributions) may qualify for a tax-free rollover to an Individual Retirement Account (IRA) if certain requirements are met. The amounts subsequently received from the IRA will be taxed in full (including unrealized appreciation on stock) as ordinary income. The distribution is not eligible for special ten-year averaging, but the standard five-year income averaging rules may be applicable.
4. If you received the benefits as the beneficiary of a deceased member, part or all of \$5,000 death exclusion may be available to you. There may also be other considerations concerning estate taxes which you should investigate. Furthermore, the member need not participate in the Plan five years to elect the special 10-year averaging method if the benefit was paid due to the death of the member.

GULF OIL CORPORATION

P4680

BRUNSTING000949

Dad's ~~Chapman~~ Chapman

P4681

THE CHECK BELOW REPRESENTS A DIVIDEND PAYMENT



To inquire about your account, contact
BNY Mellon Shareowner Services

Toll Free Number	800-368-8357
Outside the U.S. (Collect)	201-680-6578
Hearing Impaired	800-231-5469

BNY Mellon Shareowner Services is dedicated to providing you with the best shareowner experience!

Did you know that you could manage your portfolio online 24 hours a day, seven days a week?

Simply log in to Investor ServiceDirect® (ISD) at www.bnymellon.com/shareowner/isd

*Here you can manage your profile and transact your shareowner business. **

- Update your contact information
- Enroll in MLinkSM for access to your account statements and 1099 tax forms
- Certify your Taxpayer Identification Number
- Request a dividend replacement check (when applicable)
- Request direct deposit of dividends or enroll in Dividend Reinvestment (when applicable)

And more!

**Online services not offered by all issuers.*

Get Started Now!

We take the security of your personal data very seriously.

Rather than identifying you by your Social Security Number, we assigned you a **unique 12-digit Investor ID**. To activate your Investor ID go to www.bnymellon.com/shareowner/isd where ISD guides you through the two-step authentication process.

It's that easy.

*done
3/12/12*

UNCHKU1

RETAIN FOR YOUR RECORDS

IMPORTANT TAX INFORMATION & TRANSACTION DETAIL						
SHAREHOLDER OF	CHEVRON CORPORATION		TRANSACTION DESCRIPTION		DIVIDEND	
INVESTOR ID	CUSIP	ACCOUNT KEY	ISSUE/CLASS OF STOCK	RECORD DATE	PAYABLE DATE	
125175509293	001 750 16676410	ELMERH--BRDT--0100	COMMON \$0.75 P V	02/17/2012	03/12/2012	
RATE PER SHARE	CERTIFICATED SHARES	BOOK-ENTRY SHARES	GROSS AMOUNT	TAX WITHHELD	CURRENT DIVIDEND	
\$0.8100000	0	612.0000	\$495.72	\$0.00	\$495.72	
DIVIDEND PAID YEAR TO DATE	TAX WITHHELD YEAR TO DATE		TAX IDENTIFICATION NUMBER	Please detach and retain this form for your records.		
\$495.72	\$0.00		ON FILE			

PLEASE DETACH BELOW

CHECK NUMBER: 77641086

P4682

BRUNSTING002144

24085317

P4683

BRUNSTING002145

Please retain this letter; should you need to reset your Password in the future, you may be required to reenter this authentication number.

Authentication Number	061S95373X
-----------------------	------------

000297 BNMG4001



ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Access Investor ServiceDirect® by logging in to EquityAccess at www.bnymellon.com/shareowner/equityaccess or dial our Voice Response Unit (VRU) to

- Change your address
- Order a copy of a statement
- Replace a dividend check
- Certify your taxpayer identification number
- Check the status of your account

and **more!**

Date 05/11/2011

Dear Shareowner:

Thank you for deciding to use BNY Mellon Shareowner Services' convenient and easy-to-use self-service tools. Both EquityAccess and our automated telephone Voice Response Unit (VRU) have been enhanced to service many of your shareowner needs.

In today's world, online security is of the utmost importance, which is why you are receiving this letter. Our records indicate that you have recently accessed EquityAccess or the VRU to perform one of the actions detailed below. In order to provide you with complete access to your account information, please follow the instructions that pertain to your individual request.

If You **You Must**

Established or changed your PIN on the VRU

No further action is required. This letter serves as notification that we have received your request and processed your PIN change. Simply log onto the VRU using your new PIN and enjoy using the service.

Registered to access your account online via EquityAccess

Enter the authentication number. You recently visited EquityAccess to register your account online. The next time you access your account you must enter the authentication number included with this letter. Please note that you will only enter this number once on your next visit to EquityAccess. All future visits will only require your Personal ID and Password.

Requested your Investor ID

Your Investor ID has been sent to you in a separate letter. Please follow the instructions on the Investor ID letter to access your accounts online with EquityAccess. You may be required to enter the Authentication Number above if prompted.

This notice has been sent for your protection. If you have not established, changed or reset your PIN on the VRU, established or reset your Password on EquityAccess, or requested your Investor ID, please contact us immediately at (201) 680-6532.

Thank you for choosing BNY Mellon Shareowner Services self-service options.



P4684
PIN

000297 BNMG4001 000297



BNY MELLON
 SHAREOWNER SERVICES
 BNY Mellon Shareowner Services
 480 Washington Blvd.
 Jersey City NJ 07310
 United States



Replacement Online Password Notification

0000002387



NELVA BRUNSTING TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

Equity Holdings Accounts
 The Bank of New York Mellon
 October 04, 2011

Password : 584115

Dear NELVA BRUNSTING TR:

On the above date, you requested that a new Online Password be assigned to your account. Your new Online Password is noted above. Please keep this document in a safe place. You may change your Password through any of the contact methods listed at the bottom of the page.

Use the above noted Password to gain access only to your account online. Please note that you will be prompted to change your Password the first time you access your account.

Once you access your account online, you can save time by clicking the Profile Maintenance tab to easily and quickly update your personal information. Here, you will be able to manage and reset your Password automatically should you forget or misplace it in the future.

Sincerely,
 Plan Administrator
 BNY Mellon Shareowner Services

CONTACT US:
 Web URL : <http://www.bnymellon.com/shareowner/equityaccess>
 Toll Free Number :
 Non-US Number :

P4685

11100400832003000 00010001 2011277 0000002387

BRUNSTING002147

RETAIN THIS DOCUMENT FOR YOUR RECORDS

Company: CHEVRON CORPORATION

Issue: COMMON \$0.75 P V

Registration:

Shares: 612.0000 ✓

CUSIP: 16676410-0

0002273 01 MB 0.382 **AUTO T7 0 3557 77079-591430 C02 BLMAT - -



NELVA E BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 13630 PINEROCK
 HOUSTON TX 77079

Investor ID	125175509293
Account Key	ELMERH--BRDT--0100
Transaction Date	MAY 10, 2010
Transaction Advice Number	0001096838

Your Broker-Dealer	
Broker-Dealer ID	
Broker-Dealer Account Number	

This is a record that the indicated book-entry shares have been transferred in accordance with your instructions. These shares are transferable on the books of the Transfer Agent, BNY Mellon Shareowner Services, upon receipt of properly completed transfer documents, instructions and assignment.

There may be rights, privileges, restrictions and conditions attached to the securities covered by this Advice. A full copy of these can be obtained by writing to the Secretary of the Company.

Manage Your Account With Ease

Visit **BNY Mellon Shareowner Services Online**

Login to Investor ServiceDirect® at
www.bnymellon.com/shareowner/isd

Sign up for **MlinkSM** for secure 24/7
 online access to your shareowner documents.

View Information

- Account Detail
- Book-entry history
- Pending transactions
- Transaction history
- Payment history
- Tax information
- Historical stock price information

Perform Transactions

- Change your address
- Sell book-entry shares
- Replace a dividend check
- Certify your taxpayer ID
- Change your dividend election*

and **more!**

Manage your statements and 1099 tax documents! Simply login to your account at Investor ServiceDirect® where step-by-step instructions will prompt you through enrollment.

*Online service not offered by all issuers.



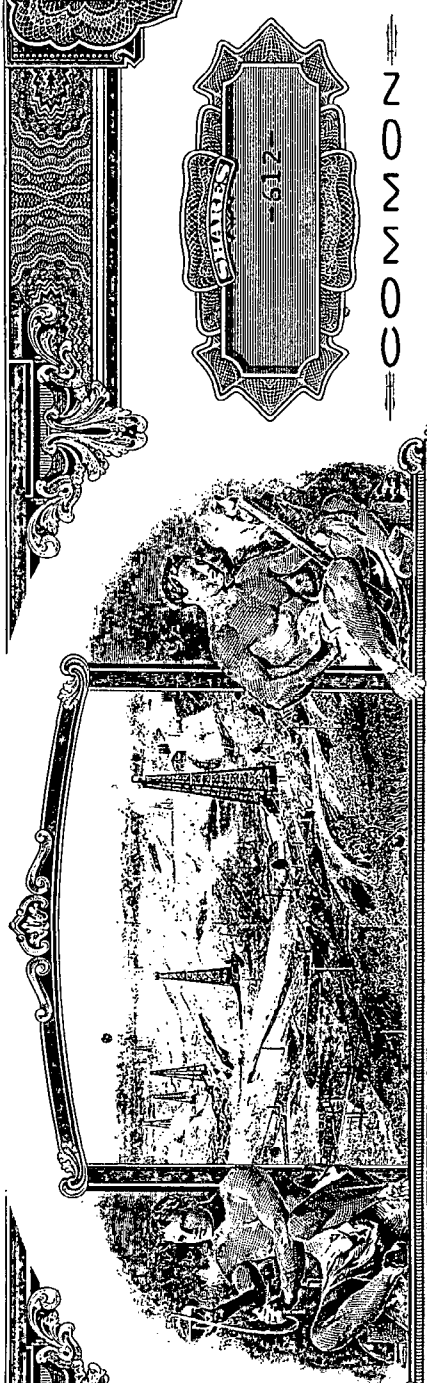
P4687

BRUNSTING002149

- Copy of Chevron Certificate

P4688

BRUNSTING002365



70 SFZ B62711

612

COMMON

COMMON



Chevron Corporation

CERTIFICATE IS TRANSFERABLE IN SAN FRANCISCO OR NEW YORK

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

THIS CERTIFIES THAT

CUSIP 166751107
SEE REVERSE FOR CERTAIN DEFINITIONS

BRUNSTEN FA#6011
WELMER H. BRUNSTEN & MELVA E. BRUNSTEN
TR UA OCT 10 96 BRUNSTEN FAMILY LIVING TRUST#

REGISTERED: First Trust of California, National Association AS REGISTRAR, By: *Wesley Wood*

IS THE OWNER OF
Authorized Signature

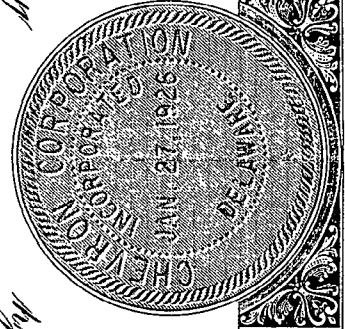
SIX HUNDRED TWELVESIX HUNDRED TWELVE**SIX HUNDRED TWELVE**

CHEVRON CORPORATION (SAN FRANCISCO)
James M. Mellon

TRANSFER AGENT.

FULL-PAID AND NON-ASSESSABLE SHARES OF THE COMMON STOCK OF

Chevron Corporation transferred on the books of the Corporation to person(s) by study authorized attorney upon surrender of this certificate to properly endorsed. This certificate is not valid until countersigned by the Transfer Agent, and registered, by Witness the corporate seal of said authorized officers.



*the Registrar.
Incorporation and the signatures of its study
OCTOBER 25, 1996*

Lynai L. Beebe
SECRETARY

A. T. Dem
CHAIRMAN OF THE BOARD

0209794

P4689

BRUNSTING002366

CHEVRON CORPORATION

The Corporation will furnish without charge to each stockholder who so requests the powers, designations, preferences and relative, participating, optional or other special rights of each class of stock or series thereof of the Corporation and the qualifications, limitations or restrictions of such preferences and/or rights. Such request may be made to the Transfer Agent.

The following abbreviations shall be construed as though the words set forth below opposite each abbreviation were written out in full where such abbreviation appears:

TEN COM	— as tenants in common	(Name) CUST (Name) UNIF	— (Name) as Custodian for (Name)
TEN ENT	— as tenants by the entireties	GIFT MIN ACT (State)	under the (State) Uniform
JT TEN	— as joint tenants with right of survivorship and not as tenants in common	TRANS TO MIN ACT	Gifts to Minors Act

Additional abbreviations may also be used though not in the above list.

For value received, _____ hereby sell, assign and transfer unto

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS INCLUDING POSTAL ZIP CODE OF ASSIGNEE

() Shares

of the Common Stock represented by the within Certificate, and do hereby irrevocably constitute and appoint _____

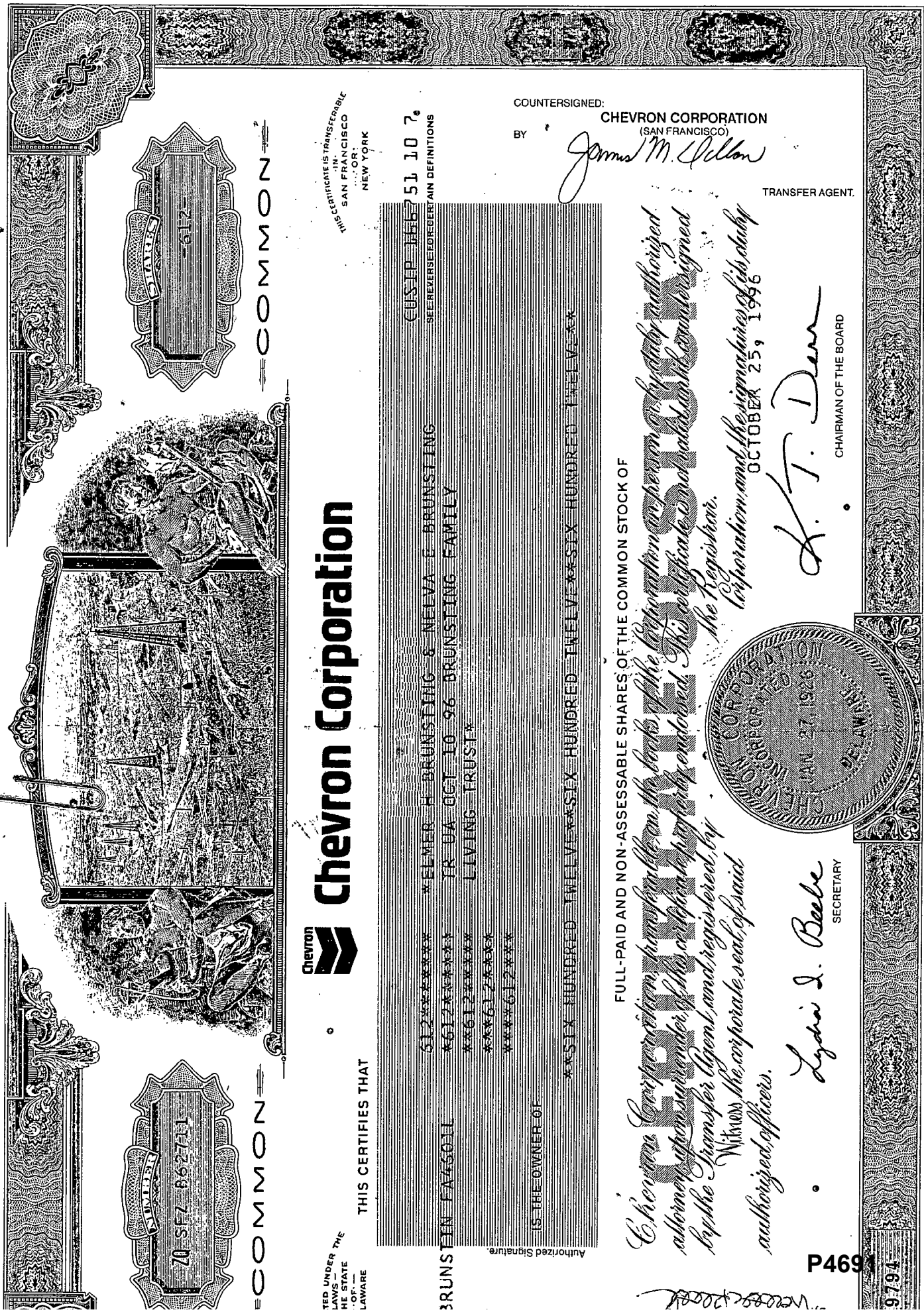
Attorney to transfer the said stock on the books of the within-named Corporation with full power of substitution in the premises.

Dated, _____

SIGNATURE _____ }
SIGNATURE _____ }

This certificate also evidences and emits the holder hereof to certain Rights as set forth in a Rights Agreement between Chevron Corporation and Chemical Trust Company of California, as Rights Agent, dated as of November 22, 1988 (the "Rights Agreement"). The Rights Agreement is hereby incorporated herein by reference and a copy of which is on file at the principal offices of Chevron Corporation. Under certain circumstances, as set forth in the Rights Agreement, such Rights may be redeemed, may expire, or may be evidenced by separate Certificates and will no longer be evidenced by this Certificate. The holder of this Certificate will mail to the holder of this certificate a copy of the Rights Agreement without charge within five days after receipt of a written request therefor. Under certain circumstances, the holder of this certificate may be deemed to be Acquiring Persons (as defined in the Rights Agreement) or certain related Persons and any subsequent holder of such Rights may become null and void with respect to certain rights set forth in Sections 11(a)(ii) and Section 13(a) of the Rights Agreement.

NOTICE: THE SIGNATURE TO THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE, IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT, OR ANY CHANGE WHATSOEVER.



COMMON
20 SFZ B62741

COMMON
612

COMMON

COMMON

Chevron Corporation



THIS CERTIFICATE IS TRANSFERABLE
IN
SAN FRANCISCO
OR
NEW YORK

THIS CERTIFIES THAT

612***** *ELMER H BRUNSTING & NEELVA E BRUNSTING
 *612***** TR UA OCT 10 96 BRUNSTING FAMILY
 *612***** LIVING TRUST
 *612*****
 *****612*****

***SIX HUNDRED TWELVE**SIX HUNDRED TWELVE**SIX HUNDRED TWELVE**

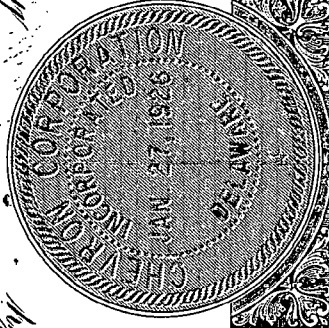
IS THE OWNER OF

Authorized Signature

CHEV-EP 6667 51 10 7
SEE REVERSE FOR CERTAIN DEFINITIONS

COUNTERSIGNED:
BY *James M. Nelson*
CHEVRON CORPORATION
(SAN FRANCISCO)
TRANSFER AGENT.

FULL-PAID AND NON-ASSESSABLE SHARES OF THE COMMON STOCK OF
 Chevron Corporation transferable on the books of the Corporation in person or by duly authorized
 attorney upon surrender of this certificate properly endorsed. This certificate and all instruments thereon signed
 by the Transfer Agent and registered by
 the Registrar,
 Chevron Corporation, and the signatures of its duly
 authorized officers,
 Witness the corporate seal of said
 corporation, this 25th day of
 OCTOBER 25, 1996



H. T. Dean
CHAIRMAN OF THE BOARD

Lynia S. Beebe
SECRETARY

P4691

STATEMENT OF GULF OIL CORPORATION DIVIDEND REINVESTMENT PLAN

NUMBER OF SHARES PARTICIPATING AT RECORD DATE

FULL SHARES	FULL/FRACTION SHARES	ADJUSTMENTS	TOTAL
436	151.885		587.885

DIVIDEND RATE	TAX, IF ANY	TOTAL DIVIDENDS RECEIVED	CASH PAYMENT
\$ 0.7000	\$	\$ 411.52	\$
TOTAL AMOUNT INVESTED	COST PER SHARE (INCL. BKR. COM.)	SHARES PURCHASED FULL/FRACTION	SHARES HELD BY US FULL/FRACTION
\$ 411.52	\$ 35.89	11.466	163.351

RECORD DATE: **05/06/83**

ELM, H. BRUNSTI*1

INVESTMENT DATE: **06/10/83**

IMPORTANT - RETAIN THIS STATEMENT FOR YOUR INVESTMENT AND TAX RECORDS.

TO WITHDRAW YOUR HOLDINGS

You may withdraw your holdings in full or in part by completing, signing and returning the tear-off Withdrawal Form portion of this statement in the enclosed return envelope. If you wish to withdraw only part of your holdings, specify the number of full shares to be withdrawn, up to the number shown on the front of this statement. Your dividends will continue to be reinvested. If you wish to withdraw completely from the Plan, specify "ALL" shares. Your dividends will no longer be reinvested under the Plan.

If you would like to receive cash for all or a portion of your holdings you wish withdrawn, we will arrange for the sale of your shares and send to you a check for the proceeds:

OR

If you wish to receive stock, we will issue a certificate registered exactly as shown on the front of this statement. No other registration is possible. If you specify "ALL" shares, a check will be issued to you for the value of your fractional shares.

TO PURCHASE ADDITIONAL SHARES

Complete and return the tear-off Additional Cash Payment Form portion of this statement with a check payable to GULF OIL CORPORATION in any amount from \$10.00 up to a maximum of \$5,000.00 per quarter. May we remind you that the Terms and Conditions of this Plan do not provide for the payment of interest on cash payments received before the purchase date. Please use the return envelope provided.

P4693

BRUNSTING002370

I (We) hereby authorize GULF to withdraw my holdings in the Dividend Reinvestment Plan. Please send me:

CASH for _____ shares (see opposite)

STOCK for _____ shares (see opposite)

(Check ✓ one)

Please sign name(s) exactly as shown on the front of this statement.

Signature

Signature

Gulf Oil Corporation

Gulf Building, Pittsburgh, PA 15230

ACCOUNT KEY
ELM,H,BRUNSTI#1

ANY PAYMENTS RECEIVED BEFORE
08/01/83

WILL BE RETURNED

ELMER H BRUNSTING & NELVA E
BRUNSTING AS JOINT TENANTS W/R/O
SURVIVORSHIP AND NOT AS TENANTS
IN COMMON
13630 PINEROCK
HOUSTON TX 77079

1

AMOUNT ENCLOSED

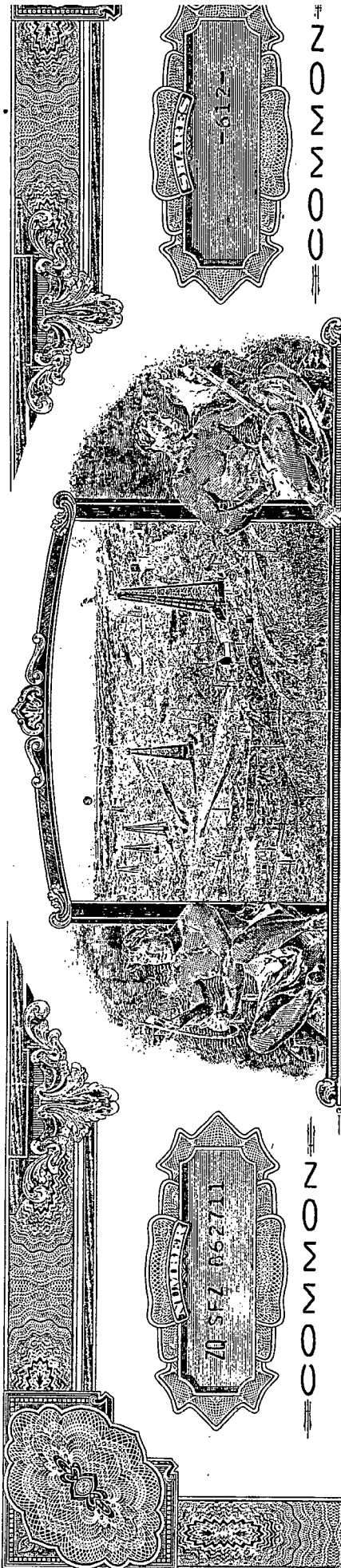
\$ _____

MAKE CHECK PAYABLE TO GULF OIL

PLEASE USE THIS FORM FOR CHANGE OF ADDRESS OR WHEN MAKING AN ADDITIONAL CASH PAYMENT. **042487**

P4695

BRUNSTING002372



COMMON
70 SE2 06-27-11

COMMON
-612-



Chevron Corporation

CERTIFICATE IS TR.
-IN-
SAN FRANCISCO, CALIF.
-OR-
NEW YORK

INCORPORATED UNDER THE
LAWS OF THE STATE
OF DELAWARE
THIS CERTIFIES THAT

BRUNSTING FA46011
CUMIP 11667 51 11
SEE REVERSE FOR CERTAIN DEFINIT

CELEBR H BRUNSTING & MELVA R BRUNSTING
TR DA OCT 10 1936 BRUNSTING FAMILY
LIVING TRUST

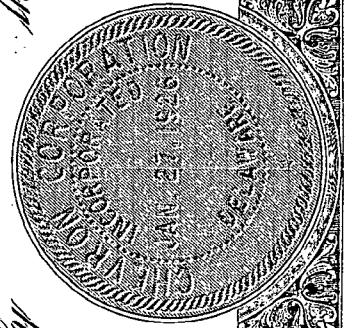
IS THE OWNER OF
SIX HUNDRED ELEVEN SIX HUNDRED TWELVE SIX HUNDRED TWELVE

FULL-PAID AND NON-ASSESSABLE SHARES OF THE COMMON STOCK OF

Chevron Corporation transferred on the back of the Corporation's books by duly authorized attorney's special order of the certificate properly endorsed. This certificate is not to be assigned by the Transfer Agent and registered by Witness the corporate seal of said authorized officer.

James M. Mellon

TRANSFER AGENT.



Lynna L. Beebe
SECRETARY

H. T. Darr
CHAIRMAN OF THE BOARD

REGISTERED:
First Trust of California, National Association
AS REGISTRAR

0209794

P4696

BRUNSTING002373

CHEVRON CORPORATION

The Corporation will furnish without charge to each stockholder who so requests the powers, designations, preferences and relative, participating, optional or other special rights of each class of stock or series thereof of the Corporation and the qualifications, limitations or restrictions of such preferences and/or rights. Such request may be made to the Transfer Agent.

The following abbreviations shall be construed as though the words set forth below opposite each abbreviation were written out in full where such abbreviation appears:

TEN COM	— as tenants in common	(Name) CUST (Name) UNIF	— (Name) as Custodian for (Name)
TEN ENT	— as tenants by the entireties	GIFT MIN ACT (State)	under the (State) Uniform
JT TEN	— as joint tenants with right of survivorship and not as tenants in common	TRANS TO MIN ACT	Gifts to Minors Act

Additional abbreviations may also be used though not in the above list.

This certificate also evidences and entitles the holder hereof to certain Rights as set forth in a Rights Agreement between Chevron Corporation and Chemical Trust Company of California, as Rights Agent, dated as of November 22, 1988 (the "Rights Agreement"), the terms of which are hereby incorporated by reference as a copy of which is on file at the principal offices of Chevron Corporation. Under certain circumstances, as set forth in the Rights Agreement, such Rights may be evidenced by separate Certificates and will no longer be evidenced by this Certificate. Chevron Corporation will mail to the holder of this Certificate a separate Certificate upon receipt of a written request therefor. Under certain circumstances, Rights issued to Acquiring Persons (as defined in the Rights Agreement) and any subsequent holder of such Rights may become null and void with respect to certain rights set forth in Sections 11(B)(ii) and Section 13(a) of the Rights Agreement.

For value received, _____ hereby sell, assign and transfer unto

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS INCLUDING POSTAL ZIP CODE OF ASSIGNEE

() *Shares*

of the Common Stock represented by the within Certificate, and do hereby irrevocably constitute and appoint _____

Attorney to transfer the said stock on the books of the within-named Corporation with full power of substitution in the premises.

Dated, _____

SIGNATURE _____ }
 SIGNATURE _____ }

NOTICE: THE SIGNATURE TO THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE, IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT, OR ANY CHANGE WHATSOEVER.

Mom's Chevron

P4698



BNY Mellon Shareowner Services
 PO Box 3526
 So. Hackensack, NJ 07606-9226



INVESTOR ID: 124921356678

00001110 01 MB 0.390 01 TR 00006 SRCODQD1 000000



ANITA BRUNSTING TR UA OCT 10 96
 THE NELVA E BRUNSTING SURVIVORS
 TRUST
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904

Dear Shareowner:

BNY Mellon Shareowner Services is committed to providing shareowners with the highest quality service.

Improved Online Tools and New Access Process

BNY Mellon Shareowner Services is offering user-friendly self-service options through its EquityAccess web site at www.bnymellon.com/shareowner/equityaccess.

You will be able to access Investor ServiceDirect® to:

- o View your account holdings and dividend information
- o Enroll for online delivery of shareholder communications and perform online proxy voting
- o Complete various account transactions, such as:
 - o Updating account information
 - o Printing or downloading forms or documents

To manage your online account, you will need the following information:

Printed on the top right corner of this letter is your 12-digit Investor ID. You will need this ID when you register to use EquityAccess and create your Personal ID and password. To do so:

(If you are already a registered user of EquityAccess please bypass the process described below and continue to access your account the same way you do today.)

Step 1

- Go to www.bnymellon.com/shareowner/equityaccess.
- Select Investor ID as your Login method and click Continue. From there, please follow the prompts to complete the EquityAccess registration process.

Step 2

For added security, to safeguard your assets, BNY Mellon Shareowner Services requires you to authenticate when you register to access your account online. If you are a U.S. resident, you may authenticate your identity online by answering a series of questions. If you choose not to utilize the online authentication process, or are not a U.S. resident, your individual authentication code will be sent to you via regular mail.

Once you have logged into your account, you will be able to conduct transactions and manage your account online.

Sincerely,
 BNY Mellon Shareowner Services

0LP3001

124921356678

00175016676410NELVAE--BRST--0100 **R4699**

001110 SRCODQD1 001610

2000 Chevron Report

2

P4700

BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	12/14/2010
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT--0100
INVESTOR ID:	806578316055

0041090 01 AT 0.357 **AUTO T4 0 4209 77079-591430 C01 B1MAI -1



ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT
 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 12/13/2010		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
114,192.49	88.3700			4,002.42		4,002.42	4,002.42		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			12.00				1,292.2088		1,292.2088

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
11/18/2010	COMMON DIVIDEND	0.7200000	10.6126		922.75
12/10/2010					

PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	922.75		1,281.5962		1,281.5962

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/10	BALANCE FORWARD								1,240.6574
06/10/10	COMMON DIVIDEND		1,259.81		3.00	1,256.81	74.1342881	16.9532	1,257.6106
09/10/10	COMMON DIVIDEND		905.48		3.00	902.48	72.9899000	12.3645	1,269.9751
12/10/10	COMMON DIVIDEND		914.38		3.00	911.38	78.4245000	11.6211	1,281.5962
12/10/10	COMMON DIVIDEND		922.75		3.00	919.75	86.6655000	10.6126	1,292.2088

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT--0100
 ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

All owner(s) must sign and date above

()
 Contact Number

7575 806578316055

00175016676410BRUNSFAMLIT---0100IR00169 **P4701**

BNY Mellon Shareowner Services
Manage Your Account With Ease

Use either of our shareholder service options.

Login to
www.bnymellon.com/shareowner/isd

Sign up for MLinkSM through
 Investor ServiceDirect[®]. MLink

View Information

- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

provides secure 24/7
 online access to your
 investor activity reports,
 investment plan
 statements and 1099s.
 Click the MLink icon
 and follow the prompts.

and
more!

* Online service not offered by all issuers.

New user?
First,
create your PIN
then you're
set to go.

or **Dial** the toll-free
 number below to access our

**Interactive Voice
 Response system**
 with "Tell Me" technology

Simply speak your instructions
 when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect[®] and our Interactive Voice Response (IVR) phone system
 offer secure 24/7 access to your account information and account management tools.

Managing your account has never been so easy!

Questions? Contact Shareholder Services

By Internet

Visit www.bnymellon.com/shareowner/isd for access to your account.

By Phone

Toll Free Number 1-800-368-8357
 Outside the U.S. (Collect) 1-201-680-6578
 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
 Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Additional Cash Investments To:
 Investment Services
 PO Box 382009
 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4702



Bank of New York Mellon Shareowner Services
P.O. Box 358333
Pittsburgh, PA 15252



**ELMER H BRUNSTING & NELVA E
BRUNSTING
TR UA OCT 10 96 BRUNSTING FAMILY
LIVING TRUST
13630 PINEROCK
HOUSTON TX 77079-5914**

Company Name	CHEVRON CORPORATION
Account Key	BRUNSFAMLIT--- 0100
Telephone Number	800-997-8438

January 3, 2011

Dear Investor:

Thank-you for your inquiry requesting information for this account.

You will find included an account transcript containing the requested information. This report will show:

- Account Profile-general account status
- Account Certificate Listing-debit/credit of certificates
- Account Payment List-details cumulative dividend payments
- Dividend Reinvestment Account Summary-details shares purchased with reinvestment

We hope that this information has been helpful. If you have additional questions, please call our Customer Service Center at the number listed above or you may access your account online via Investor ServiceDirect at www.bnymellon.com/shareowner.

Sincerely,

Bank of New York Mellon Shareowner Services

Shareholder:

ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST13630 PINEROCK
 HOUSTON TX 77079-5914

Cusip - Company Name	Account Key	Tax Id
16676410 - CHEVRON CORPORATION	BRUNSFAMLIT--0100	*** - ** - *905

YEAR TO DATE ACCOUNT SUMMARY

Certificated shares held by you	Shares Held in Book Entry	Total shares	Dividends Paid Ytd	Last Dividend Paid	As Of	Closing Price	Total Value
0.00	1,292.2088	1,292.2088	0.00	922.75		91.2500	\$117,914.05

CERTIFICATE HISTORY (From :1998 To: 2009)

Loss Type	Certificate #	Issue Date	# of Shares	Status	Credit Reason	Debit Date	Debit Reason	Stop Reason
-----------	---------------	------------	-------------	--------	---------------	------------	--------------	-------------

BOOK ENTRY HISTORY (From :2009 To: 2009)

PLAN TYPE : IRO01

Date	Trans Type	Share Quantity	Price	Gross	(-) Fees	(-) Div/Proceeds	(=)Voluntary Cash
12/10/2009	Common Dividend	16.0249	77.7484459	1248.91	3.00	1245.91	.00
09/10/2009	Common Dividend	17.2982	71.3455000	1237.15	3.00	1234.15	.00
06/10/2009	Common Dividend	16.4249	71.1656230	1171.89	3.00	1168.89	.00
03/10/2009	Common Dividend	19.0400	60.7415000	1159.52	3.00	1156.52	.00
01/01/2009	Balance Forward	1171.8694	.0000000	.00	.00	.00	.00

PAYMENT HISTORY (From :2009 To: 2009)

There are no Payment History to be processed.

Note:- For Security reasons, we are replacing the first six digits of your Social Security number with ****-**-*** (asterisks) on correspondence that we send to you.



P.O. Box 358016
Pittsburgh, Pa 15252-8016

Please retain this letter, should you need to re-set your PIN in the future, you will be required to re-enter this authentication number.

Authentication Number | 102E76049V

Visit Investor ServiceDirect® at www.bnymellon.com/shareowner/isd or dial our Voice Response Unit (VRU) to

- Change your address
- Order a copy of a statement
- Replace a dividend check
- Certify your taxpayer identification number
- Check the status of your account

and **more!**



001740 ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Date 06/25/2009

Dear Investor,

Thank you for deciding to use BNY Mellon Shareowner Services' convenient and easy-to-use self-service tools. Both Investor ServiceDirect® (ISD) and our automated telephone Voice Response Unit (VRU) have been enhanced to service many of your investor needs.

In today's world, on-line security is of the utmost importance, which is why you are receiving this letter. Our records indicate that you have recently accessed ISD or the VRU to either establish, change, or re-set your Personal Identification Number (PIN), or to request your Investor ID. In order to provide you with complete access to your account information, please follow the instructions that pertain to your individual request.

<i>If You</i>	<i>You Must</i>
Changed your PIN	No further action is required. This letter serves as notification that we have received your request and processed your PIN change. Simply log onto ISD or the VRU using your new PIN and enjoy using the service.
Established a PIN	Enter the authentication number. Although you have registered to use ISD or the VRU by selecting a PIN, you must enter the authentication number included with this letter to allow access to your account information. Please note that you need only enter this number once on your next visit to ISD or the VRU. All future visits will only require your PIN.
Re-Set your PIN	Enter the authentication number. If you could not recall your previously established PIN, and have requested your PIN to be re-set, you must enter the authentication number included with this letter to allow access to your account information. Please note that you need only enter this number once on your next visit to ISD or the VRU. All future visits will only require your PIN.
Requested your Investor ID	Your Investor ID has been sent to you in a separate letter. Please follow the instructions on the Investor ID letter to access your accounts in ISD. You may be required to enter the Authentication Number above if prompted.

This notice has been sent for your protection. If you have not established, changed or re-set your PIN, please contact us immediately at (201) 680-6532.

Thank you for choosing BNY Mellon Shareowner Services self-service options.

P4705
MELPIN

BRUNSTING002382

BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	12/12/2008
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT--0100
INVESTOR ID:	806578316055

0035813 01 AT 0.346 **AUTO TO 0 4209 77079-591430 C01 B1MAI -1 -



ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT
 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 12/11/2008		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)	
141,746.26	79.4600			4,428.52		4,428.52	4,428.52
TRADING FEES PAID BY (\$)	SERVICE FEES PAID BY (\$)	SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
				612	1,171.8694		1,783.8694
			12.00				

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
11/18/2008	COMMON DIVIDEND	0.6500000	14.7980		1,149.90
12/10/2008					

PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
				3.00	1,149.90	612	1,157.0714		1,769.0714

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/08	BALANCE FORWARD								1,119.9547
03/10/08	COMMON DIVIDEND		1,004.53		3.00	1,001.53	85.7987000	11.6730	1,131.6277
06/10/08	COMMON DIVIDEND		1,133.36		3.00	1,130.36	99.7003340	11.3376	1,142.9653
09/10/08	COMMON DIVIDEND		1,140.73		3.00	1,137.73	80.6553000	14.1061	1,157.0714
12/10/08	COMMON DIVIDEND		1,149.90		3.00	1,146.90	77.5036000	14.7980	1,171.8694

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT--0100
 ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

All owner(s) must sign and date above

Contact Number

7575 806578316055

00175016676410BRUNSFAMLIT---0100IR00169

P4706

BNY Mellon Shareowner Services
Manage Your Account With Ease

Use either of our shareholder service options.

Login to
www.bnymellon.com/shareowner/isd

Sign up for MLinkSM through
 Investor ServiceDirect[®]. MLink

View Information

- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

provides secure 24/7
 online access to your
 investor activity reports,
 investment plan
 statements and 1099s.
 Click the MLink icon
 and follow the prompts.

and
more!

* Online service not offered by all issuers.

**New user?
 First,
 create your PIN
 then you're
 set to go.**

or **Dial** the toll-free
 number below to access our

**Interactive Voice
 Response system**
 with "Tell Me" technology

Simply speak your instructions
 when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect[®] and our Interactive Voice Response (IVR) phone system
 offer secure 24/7 access to your account information and account management tools.

Managing your account has never been so easy!

Questions? Contact Shareholder Services

By Internet

Visit www.bnymellon.com/shareowner/isd for access to your account.

By Phone

Toll Free Number 1-800-368-8357
 Outside the U.S. (Collect) 1-201-680-6578
 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
 Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Additional Cash Investments To:
 Investment Services
 PO Box 382009
 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4707





BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

DEERE & COMPANY	
BUYDIRECT PLAN	
STATEMENT PRINT DATE:	08/05/2008
CUSIP:	001-450-24419910
SYMBOL:	DE
ACCOUNT KEY:	BRUNSFAMLIT--0100
INVESTOR ID:	806578316055

0073226 01 AT 0.346 **AUTO T 0 3802 77079-591430 C01 B1MAI -1



ELMER H BRUNSTING &
 NELVA E BRUNSTING TR
 BRUNSTING FAMILY LIVING TRUST
 U/A DTD 10/10/96
 13630 PINEROCK
 HOUSTON TX 77079-5914

FOR QUESTIONS CONCERNING YOUR ACCOUNT PLEASE CALL
 1-800-268-7369

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 08/04/2008		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
77,624.54	65.2400			626.44		921.85	921.85		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
	0.57		9.00				1,189.8304		1,189.8304

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
PAYABLE DATE					
06/30/2008	COMMON DIVIDEND	0.2800000	4.6355		331.85
08/01/2008					

PARTICIPATING RECORD DATE DISTRIBUTION

TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
		0.23		3.00	331.85		1,185.1949		1,185.1949

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
02/01/08	BALANCE FORWARD								1,178.3508
05/01/08	COMMON DIVIDEND		294.59	0.16	3.00	291.59	88.5630000	3.2925	1,181.6433
05/01/08	COMMON DIVIDEND		295.41	0.18	3.00	292.41	82.3316000	3.5516	1,185.1949
08/01/08	COMMON DIVIDEND		331.85	0.23	3.00	328.85	70.9424000	4.6355	1,189.8304

DEERE & COMPANY
 CUSIP: 001-450-24419910
 ACCOUNT KEY: BRUNSFAMLIT--0100
 ELMER H BRUNSTING &
 NELVA E BRUNSTING TR
 BRUNSTING FAMILY LIVING TRUST
 U/A DTD 10/10/96
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Issue a certificate for this number of shares:

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/DEERE & COMPANY
 YOU MAY INCREASE YOUR SHARES WITH
 OPTIONAL CASH INVESTMENTS OF \$100
 UP TO \$10,000 PER TRANSACTION

Full Withdrawal (Terminate Plan Participation)

Issue a certificate for all full shares and a check for fractional shares.

Sell all plan shares.

Deposit of Certificates

Deposit the enclosed number of shares:

All owner(s) must sign and date above

()
 Contact Number

7575 806578316055

00145024419910BRUNSFAMLIT---0100IR00169 **P4708**

BNY Mellon Shareowner Services
Manage Your Account With Ease

Use either of our shareholder service options.

Login to
www.bnymellon.com/shareowner/isd

Sign up for MLinkSM through
 Investor ServiceDirect[®]. MLink

View Information

- Account detail
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- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

provides secure 24/7
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more!

* Online service not offered by all issuers.

New user?
First,
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**Interactive Voice
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Managing your account has never been so easy!

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By Internet

Visit www.bnymellon.com/shareowner/isd for access to your account.

By Phone

Toll Free Number 1-800-268-7369
 Outside the U.S. (Collect) 1-201-680-6578
 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
 Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Additional Cash Investments To:
 Investment Services
 PO Box 382009
 Pittsburgh, PA 15250-8009

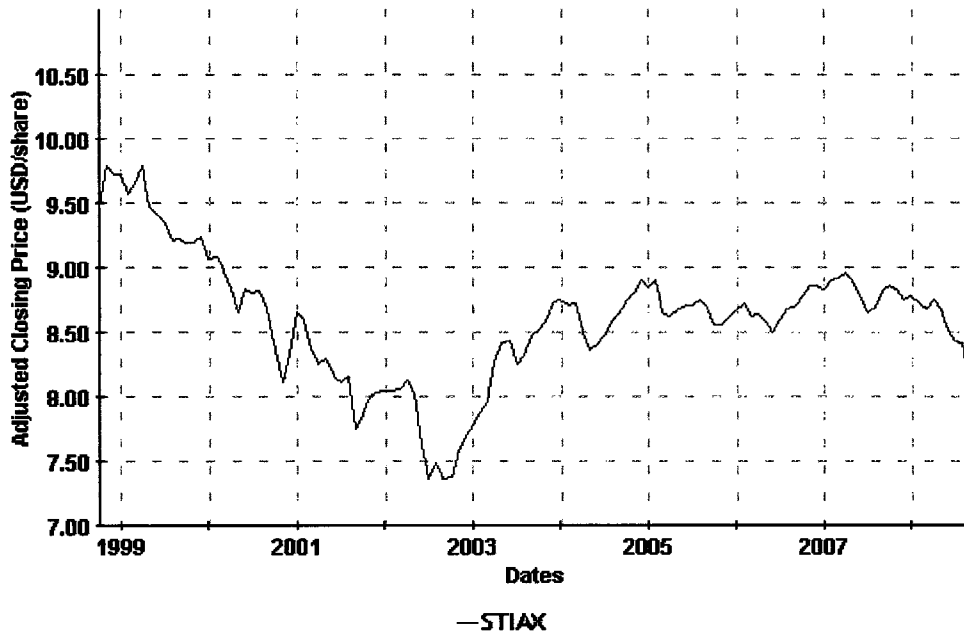
All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4709



Adjusted Closing Price Graph

STIAX - FEDERATED FIXED INCOME SECS STRATG INCM A



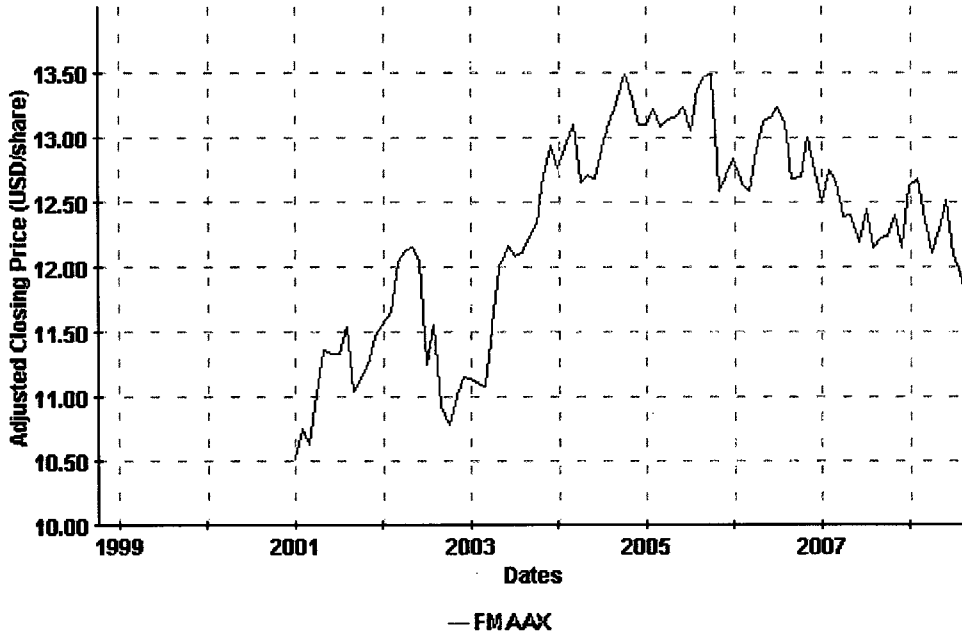
The foregoing is for information only. While the statements contained herein are taken from sources which we believe to be reliable, we do not guarantee their accuracy. Some of this information is provided by an independent research service. Stocks are not fixed rate investments and may not distribute dividends. **Past performance is no guarantee of future results.** Additional information is available upon request.

P4710

BRUNSTING002387

Adjusted Closing Price Graph

FMAAX - FEDERATED EQUITY FDS MKT OPPOR FD A

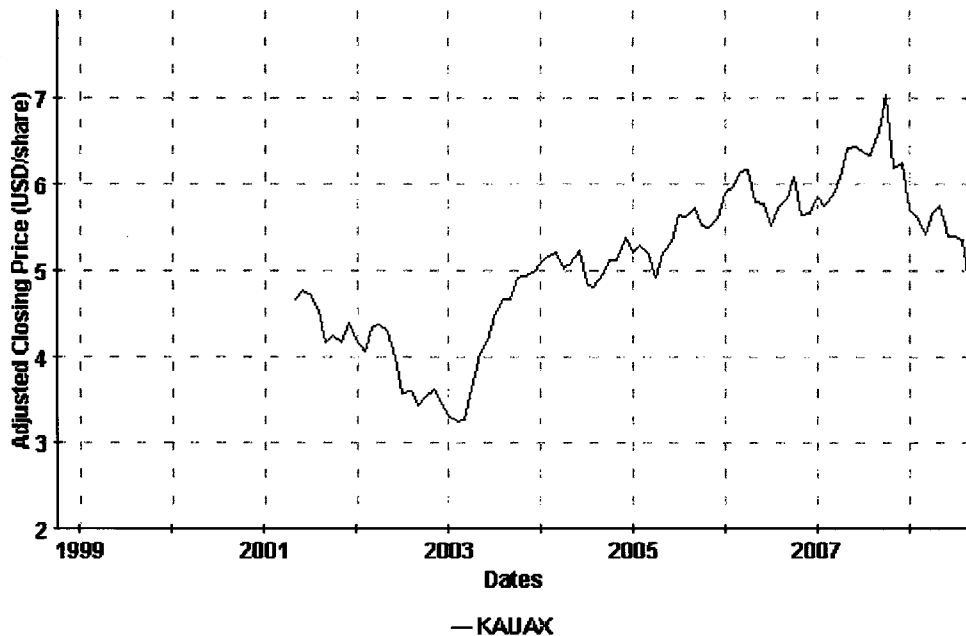


The foregoing is for information only. While the statements contained herein are taken from sources which we believe to be reliable, we do not guarantee their accuracy. Some of this information is provided by an independent research service. Stocks are not fixed rate investments and may not distribute dividends. **Past performance is no guarantee of future results.** Additional information is available upon request.

P4711

Adjusted Closing Price Graph

KAUAX - FEDERATED EQUITY FDS KAUFMANN CL A



The foregoing is for information only. While the statements contained herein are taken from sources which we believe to be reliable, we do not guarantee their accuracy. Some of this information is provided by an independent research service. Stocks are not fixed rate investments and may not distribute dividends. **Past performance is no guarantee of future results.** Additional information is available upon request.

P4712

THE CHECK BELOW REPRESENTS A DIVIDEND PAYMENT



To inquire about your account, contact
BNY Mellon Shareowner Services

Toll Free Number 800-368-8357
Outside the U.S. (Collect) 201-680-6578
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manage
your account with ease!

Login to

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Would you like your Dividend Payment deposited directly into your bank account on payment date instead of receiving checks by mail?

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- Enter your 12-digit Investor ID in the 'Activate your Account' Section.
- Click 'Establish PIN'.
- Enter your ZIP Code and Date of Birth, then click 'Online Authentication'.
- You will be directed to authenticate your identity by answering a series of questions.**
- Choose 'Chevron Corporation' from the 'My Portfolio' page.
- Select 'Manage Account Info' from the menu on the left hand side.
- Select 'Dividends and Direct Deposit' displayed in the 'Account Preferences' box.
- Select 'Electronic Deposit'.
- Click on 'Continue' and follow the enrollment instructions.

** (Foreign, corporate, trust, custodial and estate accounts are not eligible for online authentication and will need to click 'Manual Authentication' to receive a PIN letter in the mail.)

Please have one of your personal checks handy as you will need to refer to the bank information printed across the bottom of your check.

RETAIN FOR YOUR RECORDS

IMPORTANT TAX INFORMATION & TRANSACTION DETAIL					
SHAREHOLDER OF			TRANSACTION DESCRIPTION		
CHEVRON CORPORATION			DIVIDEND		
INVESTOR ID 125175509293	CUSIP 001 750 16676410	ACCOUNT KEY ELMERH--BRDT--0100	ISSUE/CLASS OF STOCK COMMON \$0.75 P V	RECORD DATE 08/19/2010	PAYABLE DATE 09/10/2010
RATE PER SHARE \$0.7200000	CERTIFICATED SHARES 0	BOOK-ENTRY SHARES 612.0000	GROSS AMOUNT \$440.64	TAX WITHHELD \$0.00	CURRENT DIVIDEND \$440.64
DIVIDEND PAID YEAR TO DATE \$881.28	TAX WITHHELD YEAR TO DATE \$123.38	TAX IDENTIFICATION NUMBER ON FILE	Please detach and retain this form for your records.		

P4713

BRUNSTING002390

14463527

P4714

BRUNSTING002391

THE CHECK BELOW REPRESENTS A DIVIDEND PAYMENT



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Did you know that you could manage your portfolio online 24 hours a day, seven days a week?

Simply log in to Investor ServiceDirect® (ISD) at www.bnymellon.com/shareowner/isd

*Here you can manage your profile and transact your shareowner business. **

- Update your contact information
- Enroll in MLinkSM for access to your account statements and 1099 tax forms
- Certify your Taxpayer Identification Number
- Request a dividend replacement check (when applicable)
- Request direct deposit of dividends or enroll in Dividend Reinvestment (when applicable)

And more!

**Online services not offered by all issuers.*

Get Started Now!

We take the security of your personal data very seriously.

Rather than identifying you by your Social Security Number, we assigned you a **unique 12-digit Investor ID**. To activate your Investor ID go to www.bnymellon.com/shareowner/isd where ISD guides you through the two-step authentication process.

It's that easy.

RETAIN FOR YOUR RECORDS

IMPORTANT TAX INFORMATION & TRANSACTION DETAIL					
SHAREHOLDER OF CHEVRON CORPORATION			TRANSACTION DESCRIPTION		
INVESTOR ID 125175509293	CUSIP 001 750 16676410	ACCOUNT KEY ELMERH--BRDT--0100	ISSUE/CLASS OF STOCK COMMON \$0.75 P V	DIVIDEND RECORD DATE 05/19/2010	PAYABLE DATE 06/10/2010
RATE PER SHARE \$0.7200000	CERTIFICATED SHARES 0	BOOK-ENTRY SHARES 612.0000	GROSS AMOUNT \$440.64	TAX WITHHELD \$123.38	CURRENT DIVIDEND \$317.26
DIVIDEND PAID YEAR TO DATE \$440.64	TAX WITHHELD YEAR TO DATE \$123.38		TAX IDENTIFICATION NUMBER NOT ON FILE	Please detach and retain this form for your records.	

FEDERAL TAX WITHHELD

PLEASE DETACH BELOW

CHECK NUMBER: 77167427

P4715

BRUNSTING002392

12550799

P4716

BRUNSTING002393

BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/14/2010
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT---0100
INVESTOR ID:	806578316055

0034611 01 AT 0.357 **AUTO T2 0 3908 77079-591430 COL BIMAI -1 -



ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT
 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 09/13/2010		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
101,566.50	79.2500			3,079.67		3,079.67	3,079.67		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			9.00				1,281.5962		1,281.5962

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
08/19/2010	COMMON DIVIDEND	0.7200000	11.6211		914.38				
09/10/2010									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	914.38		1,269.9751		1,269.9751

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/10	BALANCE FORWARD								1,240.6574
06/10/10	COMMON DIVIDEND		1,259.81		3.00	1,256.81	74.1342881	16.9532	1,257.6106
06/10/10	COMMON DIVIDEND		905.48		3.00	902.48	72.9899000	12.3645	1,269.9751
09/10/10	COMMON DIVIDEND		914.38		3.00	911.38	78.4245000	11.6211	1,281.5962

94.10 120,542.10

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT---0100
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 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
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 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:

BNY MELLON/CHEVRON

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

All owner(s) must sign and date above

()
 Contact Number

7575 806578316055

00175016676410BRUNSFAMLIT---0100IR00169

P4717

BRUNSTING002394

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View Information

- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

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 statements and 1099s.
 Click the MLink icon
 and follow the prompts.

and
more!

* Online service not offered by all issuers.

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then you're
set to go.

or **Dial** the toll-free
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Simply speak your instructions
 when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect[®] and our Interactive Voice Response (IVR) phone system
 offer secure 24/7 access to your account information and account management tools.

Managing your account has never been so easy!

Questions? Contact Shareholder Services

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 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
 Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Additional Cash Investments To:
 Investment Services
 PO Box 382009
 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4718



BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/14/2010
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT--0100
INVESTOR ID:	806578316055

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ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

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 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 06/11/2010		CASH		DIVIDENDS			NET AMOUNT
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)	INVESTMENTS (\$)		TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)	INVESTED (\$)
94,054.36	74.0600			2,165.29		2,165.29	2,165.29
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED	TOTAL
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD	SHARES HELD BY YOU	SHARES
			6.00				1,269.9751
						SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)
							1,269.9751

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
PAYABLE DATE									
05/19/2010	COMMON DIVIDEND	0.7200000	12.3645		905.48				
06/10/2010									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	3.00	905.48		1,257.6106	1,257.6106

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/10	BALANCE FORWARD								1,240.6574
06/10/10	COMMON DIVIDEND		1,259.81		3.00	1,256.81	74.1342881	16.9532	1,257.6106
06/10/10	COMMON DIVIDEND		905.48		3.00	902.48	72.9899000	12.3645	1,269.9751

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT---0100
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 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

All owner(s) must sign and date above

()
 Contact Number

806578316055

00175016676410BRUNSFAMLIT---0100IR00169

P4719

BNY Mellon Shareowner Services
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Use either of our shareholder service options.

Login to
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View Information

- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

provides secure 24/7
 online access to your
 investor activity reports,
 investment plan
 statements and 1099s.
 Click the MLink icon
 and follow the prompts.

and
more!

* Online service not offered by all issuers.

New user?
First,
create your PIN
then you're
set to go.

or **Dial** the toll-free

number below to access our

**Interactive Voice
 Response system**
 with "Tell Me" technology

Simply speak your instructions
 when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect[®] and our Interactive Voice Response (IVR) phone system
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 Outside the U.S. (Collect) 1-201-680-6578
 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
 Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Additional Cash Investments To:
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 PO Box 382009
 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4720



BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	03/12/2010
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT---0100
INVESTOR ID:	806578316055

0058934 01 AT 0.357 **AUTO T7 0 3309 77079-591430 C01 B1MAI -1



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 13630 PINEROCK
 HOUSTON TX 77079-5914

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 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 03/11/2010		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
138,332.49	73.9900			1,259.81		1,259.81	1,259.81		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			3.00			612	1,257.6106		1,869.6106

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
02/17/2010	COMMON DIVIDEND	0.6800000	16.9532		1,259.81				
03/10/2010									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	3.00	1,259.81	612	1,240.6574	1,852.6574

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/10	BALANCE FORWARD								1,240.6574
	COMMON DIVIDEND		1,259.81		3.00	1,256.81	74.1342881	16.9532	1,257.6106

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT---0100
 ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
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 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

All owner(s) must sign and date above

()
 Contact Number

7575 806578316055

00175016676410BRUNSFAMLIT---0100IR00169 **P4721**

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- Historical stock price information

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- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
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 Click the MLink icon
 and follow the prompts.

and
more!

* Online service not offered by all issuers.

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create your PIN
then you're
set to go.

or **Dial** the toll-free
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 Response system**
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Simply speak your instructions
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- Perform multiple tasks in a single session.
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 Outside the U.S. (Collect) 1-201-680-6578
 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
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By Mail

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 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4722

BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/12/2009
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT--0100
INVESTOR ID:	806578316055

0061518 01 AT 0.357 **AUTO T6 0 3609 77079-591430 C01 BIMAI -1



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 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 06/11/2009		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
130,810.14	71.9000			2,331.41		2,331.41	2,331.41		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			6.00			612	1,207.3343		1,819.3343

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
PAYABLE DATE									
05/19/2009	COMMON DIVIDEND	0.6500000	16.4249		1,171.89				
06/10/2009									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	1,171.89	612	1,190.9094		1,802.9094

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/09	BALANCE FORWARD								1,171.8694
06/10/09	COMMON DIVIDEND		1,159.52		3.00	1,156.52	60.7415000	19.0400	1,190.9094
06/10/09	COMMON DIVIDEND		1,171.89		3.00	1,168.89	71.1656230	16.4249	1,207.3343

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT--0100
 ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

All owner(s) must sign and date above

()

Contact Number

7575 806578316055

00175016676410BRUNSFAMLIT---0100IR00169

P4723

BRUNSTING002400

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- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

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 online access to your
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 investment plan
 statements and 1099s.
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 and follow the prompts.

and
more!

* Online service not offered by all issuers.

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First,
create your PIN
then you're
set to go.

or **Dial** the toll-free
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- Perform multiple tasks in a single session.
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By Phone

Toll Free Number 1-800-368-8357
 Outside the U.S. (Collect) 1-201-680-6578
 Hearing Impaired 1-800-231-5469
 IVR system available 24 hours/7 days a week
 Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Additional Cash Investments To:
 Investment Services
 PO Box 382009
 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4724



BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/14/2009
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT---0100
INVESTOR ID:	806578316055

0069406 01 AT 0.357 **AUTO T5 1 3908 77079-591430 C01 B1MAI -1



ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT
 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 09/11/2009		CASH INVESTMENT'S (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)	
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)	TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)				
129,941.75	70.7500	3,568.56		3,568.56			3,568.56	
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD			
			9.00			612	1,224.6325	1,836.6325

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
08/19/2009	COMMON DIVIDEND	0.6800000	17.2982		1,237.15				
09/10/2009									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER		612	1,207.3343		1,819.3343
				3.00	1,237.15				

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/09	BALANCE FORWARD								1,171.8694
06/10/09	COMMON DIVIDEND		1,159.52		3.00	1,156.52	60.7415000	19.0400	1,190.9094
06/10/09	COMMON DIVIDEND		1,171.89		3.00	1,168.89	71.1656230	16.4249	1,207.3343
09/10/09	COMMON DIVIDEND		1,237.15		3.00	1,234.15	71.3455000	17.2982	1,224.6325

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT---0100
 ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

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All owner(s) must sign and date above

()

Contact Number

7575 806578316055

00175016676410BRUNSFAMLIT---01001R00169 **P4725**

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PO Box 382009

Pittsburgh, PA 15250-8009

All Other Correspondence To:

Investment Services

PO Box 358035

Pittsburgh, PA 15252-8035

P4726

BNY MELLON
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	03/12/2009
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	BRUNSFAMLIT--0100
INVESTOR ID:	806578316055

0061867 01 AT 0.346 **AUTO T8 0 3308 77079-591430 C01 B1MAI -1 -



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 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 03/11/2009		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
110,374.11	61.2200			1,159.52		1,159.52	1,159.52		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			3.00			612	1,190.9094		1,802.9094

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
02/17/2009	COMMON DIVIDEND	0.6500000	19.0400		1,159.52				
03/10/2009									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLAN(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER		612	1,171.8694		1,783.8694
				3.00	1,159.52				

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/10/09	BALANCE FORWARD								1,171.8694
	COMMON DIVIDEND		1,159.52		3.00	1,156.52	60.7415000	19.0400	1,190.9094

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: BRUNSFAMLIT--0100
 ELMER H BRUNSTING & NELVA E
 BRUNSTING
 TR UA OCT 10 96 BRUNSTING FAMILY
 LIVING TRUST
 13630 PINEROCK
 HOUSTON TX 77079-5914

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

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Deposit of Certificates

Deposit the enclosed number of shares:

All owner(s) must sign and date above

Contact Number

7575 806578316055

00175016676410BRUNSFAMLIT---0100IR00169 **P4727**

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 and follow the prompts.

and
more!

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By Mail

Additional Cash Investments To:
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 PO Box 382009
 Pittsburgh, PA 15250-8009

All Other Correspondence To:
 Investment Services
 PO Box 358035
 Pittsburgh, PA 15252-8035

P4728





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 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	12/14/2011
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0100
INVESTOR ID:	125175509293

ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

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 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 12/13/2011		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
63,172.09	103.6200			1,422.51		1,422.51	1,422.51		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			9.00				609.6515		609.6515

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
11/18/11	COMMON DIVIDEND	0.8100000	4.6874		490.02
12/12/11					

TAX WITHHELD (\$)		TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	PARTICIPATING RECORD DATE DISTRIBUTION			
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
					3.00	490.02		604.9641		604.9641

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/25/11	BALANCE FORWARD								0.0000
06/10/11	BOOK TO BOOK							595.4547	595.4547
06/10/11	COMMON DIVIDEND		464.45		3.00	461.45	100.4339601	4.5946	600.0493
09/12/11	COMMON DIVIDEND		468.04		3.00	465.04	94.6194861	4.9148	604.9641
12/12/11	COMMON DIVIDEND		490.02		3.00	487.02	103.9002625	4.6874	609.6515

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: ELMERH--BRDT1-0100
 ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

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Deposit of Certificates

Deposit the enclosed number
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P4729

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 ()
 Contact Number

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and
more!

* Online service not offered by all issuers.

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Optional Cash Investments:
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P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P4730**
Pittsburgh, PA 15252-8035



BNY MELLONSM
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/14/2011
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0100
INVESTOR ID:	125175509293

ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

ON 4-27-11 CHEVRON DECLARED A QUARTERLY DIVIDEND OF \$0.78 PER SHARE, PAYABLE 6-10-11, TO HOLDERS OF RECORD ON 5-19-11. THIS AMOUNT REPRESENTS AN 8.3 PERCENT INCREASE IN THE QUARTERLY DIVIDEND.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 06/13/2011		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
59,362.88	98.9300			464.45		464.45	464.45		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			3.00				600.0493		600.0493

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
05/19/11	COMMON DIVIDEND	0.7800000	4.5946		464.45
06/10/11					

PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER						
			3.00		464.45		595.4547		595.4547

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/25/11	BALANCE FORWARD								0.0000
06/10/11	BOOK TO BOOK							595.4547	595.4547
06/10/11	COMMON DIVIDEND		464.45		3.00	461.45	100.4339601	4.5946	600.0493

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: ELMERH--BRDT1-0100
 ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
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 VICTORIA TX 77904

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P4731

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 ()
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and
more!

* Online service not offered by all issuers.

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Pittsburgh, PA 15252-8035



BNY MELLONSM
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/15/2011
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0100
INVESTOR ID:	125175509293

ANITA BRUNSTING TR UA OCT 10 96
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 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT
 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 09/14/2011		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
58,869.06	97.3100			932.49		932.49	932.49		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			6.00				604.9641		604.9641

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
08/19/11	COMMON DIVIDEND	0.7800000	4.9148		468.04
09/12/11					

TAX WITHHELD (\$)		TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	PARTICIPATING RECORD DATE DISTRIBUTION			
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
			3.00			468.04		600.0493		600.0493

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/25/11	BALANCE FORWARD								0.0000
06/10/11	BOOK TO BOOK							595.4547	595.4547
06/10/11	COMMON DIVIDEND		464.45		3.00	461.45	100.4339601	4.5946	600.0493
09/12/11	COMMON DIVIDEND		468.04		3.00	465.04	94.6194861	4.9148	604.9641

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: ELMERH--BRDT1-0100
 ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

P4733

All owner(s) must sign and date above
 ()
 Contact Number

BNY Mellon Shareowner Services
Manage Your Account With Ease
Use either of our shareholder service options.

Login to
www.bnymellon.com/shareowner/isd

Sign up for **MLinkSM** through
Investor ServiceDirect®. MLink

View Information

- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

provides secure 24/7 online access to your investor activity reports, investment plan statements and 1099s. Click the MLink icon and follow the prompts.

and
more!

* Online service not offered by all issuers.

**New user?
First,
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then you're
set to go.**

or **Dial** the toll-free
number below to access our

**Interactive Voice
Response system**

with "Tell Me" technology

Simply speak your instructions
when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both Investor ServiceDirect® and our Interactive Voice Response (IVR) phone system offer secure 24/7 access to your account information and account management tools.

Managing your account has never been so easy!

Questions? Contact Shareholder Services

By Internet

Visit www.bnymellon.com/shareowner/isd for access to your account.

By Phone

Toll Free Number 1-800-368-8357
Outside the U.S. (Collect) 1-201-680-6578
Hearing Impaired 1-800-231-5469
IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Optional Cash Investments:

Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:

Shareholder Services
P.O. Box 358035 **P4734**
Pittsburgh, PA 15252-8035

Form 1099 - DIV Dividends And Distributions				2010	
1a Total ordinary dividends \$1,321.92		1b Qualified dividends \$1,321.92		Copy B for Recipients	
2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain			
3 Nondividend distributions		4 Federal income tax withheld \$123.38		6 Foreign tax paid	7 Foreign country or U.S. possession
8 Cash Liquidation Distributions		9 Noncash Liquidation Distributions			
By Whom Paid CHEVRON CORPORATION					
To Whom Paid NELVA E BRUNSTING TR UA OCT 10 96 THE ELMER H BRUNSTING DECEDENTS TRUST 13630 PINEROCK HOUSTON TX 77079				Payer's Federal Identification Number 94-0890210	
Recipient's Identification Number XX-XXX3100				Security Description COMMON \$0.75 P V	
Account Key ELMERH--BRDT--0I00 00175016676410				Reported By The Bank of New York Mellon 480 Washington Blvd Jersey City NJ 07310	
				(800) 368-8357 www.bnymellon.com/shareowner/isd	

Important Tax Return Document

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Instructions for Recipient

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on line 9a of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required.

The amount shown may be dividends a corporation paid directly to you as a participant (or beneficiary of a participant) in an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A but treat it as a plan distribution, not as investment income, for any other purpose.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for the 15% or zero capital gains rates. See the Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A.

Box 2a. Shows total capital gain distributions from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schedule D (Form 1040), line 13. But, if no amount is shown in boxes 2c-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (line 10 of Form 1040A) rather than Schedule D. See the Form 1040/1040A instructions.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet-Line 19 in the Schedule D instructions (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain small business stock that may be subject to a 50% exclusion and certain empowerment zone business stock that may be subject to a 60% exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet-Line 18 in the instructions for Schedule D (Form 1040).

Box 3. Shows the part of the distribution that is nontaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you sell your stock. But if you get back all your cost (or other basis), report future distributions as capital gains. See Pub. 550, Investment Income and Expenses.

Box 4. Shows backup withholding. For example, a payer must backup withhold on certain payments at a 28% rate if you did not give your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Box 6. Shows the foreign tax that you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Box 7. This box should be left blank if a regulated investment company reported the foreign tax shown in box 6.

Boxes 8 and 9. Shows cash and noncash liquidation distributions.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the 2010 General Instructions for Certain Information Returns.

P4735

BRUNSTING000097



BNY MELLONSM
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	12/14/2011
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	NELVAE--BRST--0100
INVESTOR ID:	124921356678

ANITA BRUNSTING TR UA OCT 10 96
 THE NELVA E BRUNSTING SURVIVORS
 TRUST
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT
 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 12/13/2011		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
3,847.51	103.6200			609.09		609.09	609.09		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			3.00				37.1310		37.1310

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
11/18/11	COMMON DIVIDEND	0.8100000	0.2872		29.84
12/12/11					

TAX WITHHELD (\$)		TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	PARTICIPATING RECORD DATE DISTRIBUTION			
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
						29.84		36.8438		36.8438

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/25/11	BALANCE FORWARD								0.0000
06/10/11	BOOK TO BOOK							706.0888	706.0888
06/10/11	COMMON DIVIDEND		550.75		3.00	547.75	100.4339601	5.4538	711.5426
06/14/11	BOOK TO BOOK							-675.0000	36.5426
09/12/11	COMMON DIVIDEND		28.50			28.50	94.6194861	0.3012	36.8438
12/12/11	COMMON DIVIDEND		29.84			29.84	103.9002625	0.2872	37.1310

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: NELVAE--BRST--0100
 ANITA BRUNSTING TR UA OCT 10 96
 THE NELVA E BRUNSTING SURVIVORS
 TRUST
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

P4736

All owner(s) must sign and date above
 ()
 Contact Number

BNY Mellon Shareowner Services
Manage Your Account With Ease
Use either of our shareholder service options.

Login to
www.bnymellon.com/shareowner/isd

Sign up for **MLinkSM** through
Investor ServiceDirect®. MLink

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- Tax information
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- Historical stock price information

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- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
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provides secure 24/7 online access to your investor activity reports, investment plan statements and 1099s. Click the MLink icon and follow the prompts.

and
more!

* Online service not offered by all issuers.

**New user?
First,
create your PIN
then you're
set to go.**

or **Dial** the toll-free
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IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Optional Cash Investments:

Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:

Shareholder Services
P.O. Box 358035 **P4737**
Pittsburgh, PA 15252-8035



BNY MELLONSM
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/14/2011
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	NELVAE--BRST--0100
INVESTOR ID:	124921356678

ANITA BRUNSTING TR UA OCT 10 96
 THE NELVA E BRUNSTING SURVIVORS
 TRUST
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904

ON 4-27-11 CHEVRON DECLARED A QUARTERLY DIVIDEND OF \$0.78 PER SHARE, PAYABLE 6-10-11, TO HOLDERS OF RECORD ON 5-19-11. THIS AMOUNT REPRESENTS AN 8.3 PERCENT INCREASE IN THE QUARTERLY DIVIDEND.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 06/13/2011		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
70,392.91	98.9300			550.75		550.75	550.75		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			3.00				711.5426		711.5426

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
05/19/11	COMMON DIVIDEND	0.7800000	5.4538		550.75
06/10/11					

TAX WITHHELD (\$)		TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	PARTICIPATING RECORD DATE DISTRIBUTION			
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
			3.00			550.75		706.0888		706.0888

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/25/11	BALANCE FORWARD								0.0000
06/10/11	BOOK TO BOOK							706.0888	706.0888
06/10/11	COMMON DIVIDEND		550.75		3.00	547.75	100.4339601	5.4538	711.5426

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: NELVAE--BRST--0100
 ANITA BRUNSTING TR UA OCT 10 96
 THE NELVA E BRUNSTING SURVIVORS TRUST
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
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Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares:

P4738

All owner(s) must sign and date above
 ()
 Contact Number

BNY Mellon Shareowner Services
Manage Your Account With Ease
Use either of our shareholder service options.

Login to
www.bnymellon.com/shareowner/isd

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- Historical stock price information

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- Change your dividend election*

provides secure 24/7 online access to your investor activity reports, investment plan statements and 1099s. Click the MLink icon and follow the prompts.

and
more!

* Online service not offered by all issuers.

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- Access your account information.
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- Request statements, change your address, certify your taxpayer ID and **much more!**

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Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P4739**
Pittsburgh, PA 15252-8035



Return Service Requested



009953 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 08/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$5,630.24
VOLUNTARY SUPP	\$73.03	\$584.24
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$6,214.48
MEDICAL	\$176.10	\$1,408.80
NET PAYMENT AMOUNT	\$600.71	\$4,805.68

RD6A1237 009953 237203315063 NNNNNN NNNNNN NNNNNNNN 000001

Advice Number: 3301669524
Pay Date: 08/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P4740

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



010607 RKDK5ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 01/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$703.78
VOLUNTARY SUPP	\$73.03	\$73.03
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$776.81
MEDICAL	\$176.10	\$176.10
NET PAYMENT AMOUNT	\$600.71	\$600.71

FEDERAL AND STATE TAX
TABLES HAVE BEEN UPDATED
FOR TAX YEAR 2011.
WITHHOLDINGS MAY DIFFER
FROM PAST PAYMENTS.

ROSA1025 010607 025171608053 NNNNNN NNNNNN NNNNNNNN 000001

Advice Number: 3301477963
Pay Date: 01/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P4741

**IF YOU ARE SATISFIED WITH YOUR PRESENT FEDERAL WITHHOLDING,
NO FURTHER ACTION IS REQUIRED**

For Initiating, Changing or Revoking Withholding Election

You have the right to **change** or **revoke** any election made by you to have or not to have Federal Income Tax withheld from your pension. To change or revoke your election, please call the toll free number reflected on your check or advice.

If you elect not to have withholding apply to your pension payment, or if you do not have enough Federal Income Tax withheld, you may be responsible for the payment of estimated tax. Penalties may apply under the estimated tax rules if your withholding does not meet certain guidelines.

Please contact your tax advisor for any specific tax related questions.

2010 Tax Form Mail Dates

1099-R, 1099-MISC and W-2 tax forms - by January 31, 2011

1042-S tax forms - by March 15, 2011

480.7C forms (Puerto Rico) - by February 28, 2011

For TY2011

P4742

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



007393 RKDK6ATA
NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 09/30/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$6,334.02
VOLUNTARY SUPP	\$73.03	\$657.27
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$6,991.29
MEDICAL	\$176.10	\$1,584.90
NET PAYMENT AMOUNT	\$600.71	\$5,406.39

RD6A1Z86 007393 266204027063 NNNNN NNNNN NNNNNNNN 000001

Advice Number: 3301696854
Pay Date: 09/30/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P4743

HUMAN RESOURCES
SERVICE CENTER
PO BOX 436
LITTLE FALLS, NJ 07424



Return Service Requested



009915 RKDK6ATA

NELVA E BRUNSTING
13630 PINE ROCK
HOUSTON TX 77079



FOR INFORMATION CALL
HUMAN RESOURCES SERVICE CENTER
1-888-TALK2HR



PAY ON: 10/31/2011

NOTIFICATION OF ELECTRONIC FUNDS TRANSFER

CHEVRON RETIREMENT PLAN
CHEVRON
NELVA E BRUNSTING
83 028835100
4685J 01

DESCRIPTION	THIS PAY	YEAR TO DATE
PENSION	\$703.78	\$7,037.80
VOLUNTARY SUPP	\$73.03	\$730.30
INTEREST ADJUST		
GROSS BENEFIT	\$776.81	\$7,768.10
MEDICAL	\$176.10	\$1,761.00
NET PAYMENT AMOUNT	\$600.71	\$6,007.10

RD6AT288 009915 298200105063 NNNNN NNNNN NNNNN NNNNN NNNNN NNNNN 000001

Advice Number: 3301724228
Pay Date: 10/31/2011



Deposited to the Account of:	Bank R/T Number	Amount
NELVA E BRUNSTING	11100002	\$600.71

NON-NEGOTIABLE

DEPOSIT ADVICE

P4744

A Passage Through Grief (a seminar about loss and acceptance) - The Chapelwood Caring Ministry is offering an eight-week seminar, "A Passage Through Grief," for anyone who is dealing with grief as a result of loss. The grief may be the result of losing a job, a spouse or a child, a divorce, or any other kind of loss experienced in life. The seminar will meet on Tuesday nights beginning February 1 through March 22, from 7:00 - 8:30 p.m. The class will be held in Chapelwood's Learning Center 204. For more information or to register, contact Anne Kadlecek, (713) 354-4447 or akadlecek@chapelwood.org.

Alzheimer's Support Group will be held at Memorial Hermann Memorial City Hospital East Tower, Gessner entrance, 5th floor - Classroom A. Susan Waller, Certified Alzheimer's Support Group Facilitator, will lead the discussion the third Sunday of each month (January 16, February 20, March 20 and April 17), 2:00 - 3:00 p.m. Complimentary admission, refreshments and covered parking in garage at the Gessner entrance.

"The Only One Standing in Your Way is You!" Seminar at Chapelwood

Monday, January 24 - 8:30 a.m. to 4:00 p.m., and Tuesday, January 25 - 9:00 a.m. to 4:00 p.m. Seminar cost is \$25 and includes lunch both days. Registration is available online at www.chapelwood.org. Workshop registration will close on Thursday, January 20. Register early, as space is limited and the seminar is very popular. For more information, contact Gloria Mounger at (713) 354-4465 or gmounger@chapelwood.org.

The Gathering Place at Chapelwood

The Gathering Place is held 10 a.m. to 1:30 p.m. on each first Monday beginning February 7, in Circle of Friends Rooms 3 - 6. Chapelwood volunteer caregivers provide respite care for Alzheimer's, dementia and stroke patients. Each day features a structured program of physical, social and recreational activities. Lunch is included. Chapelwood partners with Interfaith Care Partners in this ministry. Register your care receiver with Tom Breaux at tbreaux@interfaithcarepartners.com. For more information about serving others at The Gathering Place, contact Clayton Mills, cjmills9@gmail.com or (713) 466-7575.

Draw water for your soul

*For we are God's bliss, for God delights in us without end, and so, by God's grace, will we delight in God.
Julian of Norwich*

January 6, or Epiphany, marked the culmination of the three kings' long journey from the East, their long-awaited arrival at Bethlehem, at the child Jesus' house. When the star finally stopped, the narrative in Matthew 2 notes that these wise ones were "filled with joy."

There's a certain relief in finishing anything. But the text clearly states that the outcome of the trip was one of joy as they were then able to present their gifts to the Christ boy. This has helped me to assess things, not only looking at my December, but also, as I move into 2011.

It is God's joy, an overabundance of it, that moves us toward joy. The result of the journey does include joy! And if whatever spiritual practice we're observing isn't bearing the fruit of joy, maybe it's time to discover what can help us to move closer in this direction.

Thanks for your ministry,
Scott Endress

If you would prefer to receive the BOLDer Bulletin by e-mail, rather than a printed copy, please e-mail Judy Jones (jjones@chapelwood.org) and let us know.

P4745



BNY MELLONSM
 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/15/2011
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0100
INVESTOR ID:	125175509293

ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT
 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA BNY
 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Save this Statement for Tax Purposes

AS OF: 09/14/2011		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
58,869.06	97.3100			932.49		932.49	932.49		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			6.00				604.9641		604.9641

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
08/19/11	COMMON DIVIDEND	0.7800000	4.9148		468.04				
09/12/11									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	468.04		600.0493		600.0493

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/25/11	BALANCE FORWARD								0.0000
06/10/11	BOOK TO BOOK							595.4547	595.4547
06/10/11	COMMON DIVIDEND		464.45		3.00	461.45	100.4339601	4.5946	600.0493
09/12/11	COMMON DIVIDEND		468.04		3.00	465.04	94.6194861	4.9148	604.9641

CHEVRON CORPORATION
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 ACCOUNT KEY: ELMERH--BRDT1-0100
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 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

Full Withdrawal (Terminate Plan Participation)

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

All owner(s) must sign and date above
 ()
 Contact Number

Sell all plan shares.

Deposit of Certificates

Deposit the enclosed number
 of shares:

P4746

7575 125175509293

00175016676410ELMERH--BRDT1-0100IR00167
 BRUNSTING004802

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- Account detail
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- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

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and
more!

* Online service not offered by all issuers.

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First,
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then you're
set to go.

or **Dial** the toll-free
number below to access our

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Response system**

with "Tell Me" technology

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when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
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Outside the U.S. (Collect) 1-201-680-6578
Hearing Impaired 1-800-231-5469
IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P4747**
Pittsburgh, PA 15252-8035



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Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	03/14/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0100
INVESTOR ID:	125175509293

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 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

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 MELLON'S INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 03/13/2012		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
68,285.15	111.1900			493.82		493.82	493.82		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			3.00				614.1303		614.1303

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
02/17/12	COMMON DIVIDEND	0.8100000	4.4788		493.82				
03/12/12									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	493.82		609.6515		609.6515

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/12/12	BALANCE FORWARD		493.82		3.00	490.82	109.5879000		609.6515
	COMMON DIVIDEND							4.4788	614.1303

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: ELMERH--BRDT1-0100
 ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
BNY MELLON/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES
 WITH OPTIONAL CASH INVESTMENTS
 OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number
 of shares:

P4748

All owner(s) must sign and date above
 ()
 Contact Number

7575 125175509293

00175016676410ELMERH--BRDT1-0100IR00167
 BRUNSTING004804

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- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

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and
more!

* Online service not offered by all issuers.

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Hearing Impaired 1-800-231-5469
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Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Optional Cash Investments:

Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:

Shareholder Services
P.O. Box 358035 **P4749**
Pittsburgh, PA 15252-8035



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 SHAREOWNER SERVICES
 P.O. Box 358035
 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/13/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0100
INVESTOR ID:	125175509293

ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

ON 4/25/12, CHEVRON DECLARED A QUARTERLY DIVIDEND OF \$0.90 PER SHARE, PAYABLE 6/11/12, TO HOLDERS OF RECORD ON 5/18/12. THIS AMOUNT REPRESENTS AN 11.1 PERCENT INCREASE IN THE QUARTERLY DIVIDEND.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 06/12/2012		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
62,413.81	100.7400			1,046.54		1,046.54	1,046.54		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			6.00				619.5534		619.5534

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
05/18/12	COMMON DIVIDEND	0.9000000	5.4231		552.72				
06/11/12									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	552.72		614.1303		614.1303

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/12/12	BALANCE FORWARD								609.6515
06/11/12	COMMON DIVIDEND		493.82		3.00	490.82	109.5879000	4.4788	614.1303
06/11/12	COMMON DIVIDEND		552.72		3.00	549.72	101.3665767	5.4231	619.5534

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: ELMERH--BRDT1-0100
 ANITA BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
COMPUTERSHARE/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares:

P4750

All owner(s) must sign and date above
 ()
 Contact Number

7575 125175509293

00175016676410ELMERH--BRDT1-0100IR00167
 BRUNSTING004806

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- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

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and
more!

* Online service not offered by all issuers.

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Hearing Impaired 1-800-231-5469
IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Optional Cash Investments:
Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P4751**
Pittsburgh, PA 15252-8035



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 Pittsburgh, PA 15252-8035

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	06/13/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT--0100
INVESTOR ID:	125175509293

NELVA E BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904-3049

ON 4/25/12, CHEVRON DECLARED A QUARTERLY DIVIDEND OF \$0.90 PER SHARE, PAYABLE 6/11/12, TO HOLDERS OF RECORD ON 5/18/12. THIS AMOUNT REPRESENTS AN 11.1 PERCENT INCREASE IN THE QUARTERLY DIVIDEND.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 06/12/2012		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
62,197.29	100.7400			1,046.52		550.80	550.80		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			3.00				617.4041		617.4041

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)				
05/18/12	COMMON DIVIDEND	0.9000000	5.4041		550.80				
06/11/12									
PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
	COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER					
				3.00	550.80		612.0000		612.0000

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
06/11/12	BALANCE FORWARD								612.0000
	COMMON DIVIDEND		550.80		3.00	547.80	101.3665767	5.4041	617.4041

CHEVRON CORPORATION
 CUSIP: 001-750-16676410
 ACCOUNT KEY: ELMERH--BRDT--0100
 NELVA E BRUNSTING TR UA OCT 10 96
 THE ELMER H BRUNSTING DECEDENTS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904-3049

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:

COMPUTERSHARE/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares:

P4752

All owner(s) must sign and date above
 ()
 Contact Number

7575 125175509293

00175016676410ELMERH--BRDT--0100IR00162
 BRUNSTING004808

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more!

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or **Dial** the toll-free
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P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:
Shareholder Services
P.O. Box 358035 **P4753**
Pittsburgh, PA 15252-8035

SHAREOWNER SERVICES

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Pittsburgh, PA 15252-8035

ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Computershare Trust Company, N.A., as plan administrator or service provider for the plan administrator, upon written request and within a reasonable amount of time, will provide the name of the executing broker, the source and amount of compensation, if any, received from third parties in connection with the transaction(s) and transaction trade date(s) and time(s), if available.

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/12/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT1-0100
INVESTOR ID:	125175509293

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA SHAREOWNER SERVICES INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 09/11/2012		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
71,293.95	114.1800			1,604.14		1,604.14	1,604.14		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			9.00				624.3996		624.3996

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
08/17/12	COMMON DIVIDEND	0.9000000	4.8462		557.60
09/10/12					

PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER						
				3.00	557.60		619.5534		619.5534

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
03/12/12	BALANCE FORWARD								609.6515
06/11/12	COMMON DIVIDEND		493.82		3.00	490.82	109.5879000	4.4788	614.1303
06/11/12	COMMON DIVIDEND		552.72		3.00	549.72	101.3665767	5.4231	619.5534
09/10/12	COMMON DIVIDEND		557.60		3.00	554.60	114.4395000	4.8462	624.3996

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT1-0100
ANITA BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:

COMPUTERSHARE/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares:

P4754

All owner(s) must sign and date above

()

Contact Number

7575 125175509293

00175016676410ELMERH--BRDT1-0100IR00167
BRUNSTING004810

Shareowner Services
Manage Your Account With Ease
Use either of our shareholder service options.

Login to
www.cpushareownerservices.com

Sign up for the **MLinkSM** program through the Investor ServiceDirectTM website.

View Information

- Account detail
- Certificate history
- Book-entry history
- Dividend check history
- Tax information
- Account Statements
- Historical stock price information

Perform Transactions

- Change your address
- Purchase or sell book-entry shares*
- Request a dividend check replacement
- Certify your taxpayer ID
- Change your dividend election*

The MLink program provides secure 24/7 online access to your investor activity reports, investment plan statements and 1099s. Click the MLink icon and follow the prompts.

and
more!

* Online service not offered by all issuers.

**New user?
First,
create your PIN
then you're
set to go.**

or *Dial* the toll-free
number below to access our

**Interactive Voice
Response system**

with "Tell Me" technology

Simply speak your instructions
when prompted to

- Access your account information.
- Perform multiple tasks in a single session.
- Request statements, change your address, certify your taxpayer ID and **much more!**

Both the Investor ServiceDirectTM website and our Interactive Voice Response (IVR) phone system offer secure 24/7 access to your account information and account management tools. **Managing your account has never been so easy!**

Questions? Contact Shareholder Services

By Internet

Visit www.cpushareownerservices.com for access to your account.

By Phone

Toll Free Number 1-800-368-8357
Outside the U.S. (Collect) 1-201-680-6578
Hearing Impaired 1-800-231-5469
IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Optional Cash Investments:

Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:

Shareholder Services
P.O. Box 358035 **P4755**
Pittsburgh, PA 15252-8035

SHAREOWNER SERVICES

P.O. Box 358035
Pittsburgh, PA 15252-8035

NELVA E BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

Computershare Trust Company, N.A., as plan administrator or service provider for the plan administrator, upon written request and within a reasonable amount of time, will provide the name of the executing broker, the source and amount of compensation, if any, received from third parties in connection with the transaction(s) and transaction trade date(s) and time(s), if available.

Shareholder Of:

CHEVRON CORPORATION	
INVESTOR SERVICES PROGRAM	
STATEMENT PRINT DATE:	09/12/2012
CUSIP:	001-750-16676410
SYMBOL:	CVX
ACCOUNT KEY:	ELMERH--BRDT--0100
INVESTOR ID:	125175509293

YOU CAN OBTAIN ACCOUNT AND INVESTMENT INFORMATION AT 1-800-368-8357, 24 HOURS A DAY, SEVEN DAYS A WEEK, VIA SHAREOWNER SERVICES INTERACTIVE VOICE RESPONSE SYSTEM.

Year-To-Date Account Summary

Final Cost Basis for your covered shares will be provided on your year-end Form 1099B.

AS OF: 09/11/2012		CASH INVESTMENTS (\$)		DIVIDENDS			NET AMOUNT INVESTED (\$)		
TOTAL MARKET VALUE (\$)	CLOSING PRICE (\$)			TOTAL (\$)	TAX WITHHELD (\$)	AMOUNT TO INVEST (\$)			
71,046.61	114.1800			1,602.18		1,106.46	1,106.46		
TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		SALE OF PLAN SHARES (\$)		CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER	GROSS PROCEEDS	TAX WITHHELD				
			6.00				622.2334		622.2334

Current Activity Information

RECORD DATE	TRANSACTION DESCRIPTION	DIVIDEND RATE	SHARES ACQUIRED OR WITHDRAWN	CASH INVESTMENT (\$)	TOTAL GROSS (\$)
08/17/12	COMMON DIVIDEND	0.9000000	4.8293		555.66
09/10/12					

PARTICIPATING RECORD DATE DISTRIBUTION									
TAX WITHHELD (\$)	TRADING FEES PAID BY (\$)		SERVICE FEES PAID BY (\$)		TOTAL NET (\$)	CERTIFICATED SHARES HELD BY YOU	SHARES HELD BY PLAN	SHARES HELD BY OTHER PLANS(S)	TOTAL SHARES
COMPANY	SHAREHOLDER	COMPANY	SHAREHOLDER						
				3.00	555.66		617.4041		617.4041

Year-To-Date Transaction Detail

DATE	TRANSACTION DESCRIPTION	CASH INVESTMENT (\$)	NET DISTRIBUTION (\$)	TRADING FEES (\$)	SERVICE FEES (\$)	AMOUNT INVESTED (\$)	PRICE PER SHARE (\$)	SHARES ACQUIRED OR WITHDRAWN	SHARES HELD BY PLAN
06/11/12	BALANCE FORWARD								612.0000
09/10/12	COMMON DIVIDEND		550.80		3.00	547.80	101.3665767	5.4041	617.4041
09/10/12	COMMON DIVIDEND		555.66		3.00	552.66	114.4395000	4.8293	622.2334

CHEVRON CORPORATION
CUSIP: 001-750-16676410
ACCOUNT KEY: ELMERH--BRDT--0100
NELVA E BRUNSTING TR UA OCT 10 96
THE ELMER H BRUNSTING DECEDENTS TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904-3049

Partial Withdrawal (Continue Plan Participation)

Sell this number of shares:

Additional Cash Investments

Write the amount enclosed:

Make check payable to:
COMPUTERSHARE/CHEVRON

Full Withdrawal (Terminate Plan Participation)

Sell all plan shares.

YOU MAY INCREASE YOUR SHARES WITH OPTIONAL CASH INVESTMENTS OF \$50 UP TO \$100,000 ANNUALLY.

Deposit of Certificates

Deposit the enclosed number of shares:

P4756

All owner(s) must sign and date above

()

Contact Number

7575 125175509293

00175016676410ELMERH--BRDT--0100IR00162
BRUNSTING004812

Shareowner Services
Manage Your Account With Ease
Use either of our shareholder service options.

Login to
www.cpushareownerservices.com

Sign up for the **MLinkSM** program through the Investor ServiceDirectTM website.

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- View Information**
- Account detail
 - Certificate history
 - Book-entry history
 - Dividend check history
 - Tax information
 - Account Statements
 - Historical stock price information

- Perform Transactions**
- Change your address
 - Purchase or sell book-entry shares*
 - Request a dividend check replacement
 - Certify your taxpayer ID
 - Change your dividend election*

and
more!

* Online service not offered by all issuers.

**New user?
First,
create your PIN
then you're
set to go.**

or *Dial* the toll-free
number below to access our

**Interactive Voice
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with "Tell Me" technology

Simply speak your instructions
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By Phone

Toll Free Number 1-800-368-8357
Outside the U.S. (Collect) 1-201-680-6578
Hearing Impaired 1-800-231-5469
IVR system available 24 hours/7 days a week
Representatives are available 9 a.m. to 7 p.m. E.T. weekdays

By Mail

Optional Cash Investments:

Investment Services
P.O. Box 382009
Pittsburgh, PA 15250-8009

All Other Correspondence:

Shareholder Services
P.O. Box 358035 **P4757**
Pittsburgh, PA 15252-8035



RETAIN THIS DOCUMENT FOR YOUR RECORDS

Company: CHEVRON CORPORATION

Registration:

00004511 01 MB 0.404 01 TR 00016 SGYDE101 000000

ANITA K BRUNSTING & AMY R
 BRUNSTING TR UA OCT 10 96 THE
 NELVA E BRUNSTING SURVIVORS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904



Issue: COMMON \$0.75 P V

Shares: 37.7376

CUSIP: 16676410



Investor ID	125187059318
Account Key	NELVAE--BRST1-0I00
Transaction Date	September 11, 2012
Transaction Advice Number	0015114820

Your Broker-Dealer	
Broker-Dealer ID	
Broker-Dealer Account Number	

A
D
V
C

This is a record that the indicated book-entry shares have been transferred in accordance with your instructions. These shares are transferable on the books of the Transfer Agent upon receipt of properly completed transfer documents, instructions and assignment.

There may be rights, privileges, restrictions and conditions attached to the securities covered by this Advice. A full copy of these can be obtained by writing to the Secretary of the Company.

Manage Your Account With Ease

Visit Shareowner Services Online

Log in to the Investor ServiceDirect™ website at
www.cpushareownerservices.com

Sign up for the MLinkSM program for secure 24/7 online access to your shareowner documents. Manage your statements and 1099 tax documents! Simply log in to your account at the Investor ServiceDirect™ website where step-by-step instructions will prompt you through enrollment.

View Information

- Account Detail
- Book-entry history
- Pending transactions
- Transaction history
- Payment history
- Tax information
- Historical stock price information

Perform Transactions

- Change your address
- Sell book-entry shares
- Replace a dividend check
- Certify your taxpayer ID
- Change your dividend election*

and
more!

* Online service not offered by all issuers.

P4758

004511 SGYDE101 004521



Shareowner Services
 P.O. Box 358420
 Pittsburgh, PA 15252-8420

The MetLife Policyholder Trust ("Trust")
 Transfer Transaction Advice

RETAIN THIS DOCUMENT FOR YOUR RECORDS

Account Registration:

0000427 02 SP 0.650 **SNGLP H6 1 3959 77904-304903 C01 B1MAI - 23 -

Date: 09/13/2012



ANITA K BRUNSTING & AMY R
 BRUNSTING TR UA OCT 10 96 THE
 NELVA E BRUNSTING SURVIVORS
 TRUST
 203 BLOOMINGDALE CIRCLE
 VICTORIA TX 77904

For information concerning this statement, please call Shareowner Services,
 MetLife, Inc.'s Transfer Agent, toll free at 1-800-649-3593

Trust Interests (Shares)	95.0000
CUSIP Number	59156R10

Transaction Date	09/11/2012
Transaction Advice Number	0019585359
Investor ID	1251 8705 9318

This Transaction Advice is your record of the indicated Trust Interests being credited to an account on the books of the referenced transfer agent. The Transaction Advice should be kept with your important documents as a record of your ownership of these securities. These Trust Interests are transferable only as permitted under The MetLife Policyholder Trust.

Please read the important information on the back of this form and in the Purchase and Sale Brochure.

If you wish to request a purchase or sale transaction, detach coupon at the perforation and complete the applicable side of the form.

PLEASE BE SURE THIS ADDRESS APPEARS IN THE ENVELOPE WINDOW FOR PURCHASES ONLY

Purchase Instructions

1251 8705 9318

(See reverse side to SELL)

ANITA K BRUNSTING & AMY R

Shareowner Services
 P.O. Box 382200
 Pittsburgh, PA 15250-8200



Change of Address:

Signature

(if address is being changed)

Make check in U.S. dollars, payable to:
 MetLife Purchase Program

Amount Enclosed

Minimum investment \$250 (except as described in the Purchase and Sale Brochure)

P4759

0000101 102 125187059318 0

RETAIN THIS DOCUMENT FOR YOUR RECORDS

Company: CHEVRON CORPORATION

Issue: COMMON \$0.75 P V

Registration:

Shares: 1,236.9575

CUSIP: 16676410-0

ANITA K BRUNSTING & AMY R
BRUNSTING TR UA OCT 10 96 THE
ELMER H BRUNSTING DECEDENTS
TRUST
203 BLOOMINGDALE CIRCLE
VICTORIA TX 77904

For information concerning this advice, please call Shareowner Services at
1-800-457-2983

Investor ID	125175509293
Account Key	ELMERH--BRDT2-0I00
Transaction Date	SEPTEMBER 11, 2012
Transaction Advice Number	0015114819

Your Broker-Dealer	
Broker-Dealer ID	
Broker-Dealer Account Number	

This is a record that the indicated book-entry shares have been transferred in accordance with your instructions. These shares are transferable on the books of the Transfer Agent upon receipt of properly completed transfer documents, instructions and assignment.

There may be rights, privileges, restrictions and conditions attached to the securities covered by this Advice. A full copy of these can be obtained by writing to the Secretary of the Company.

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- Sell book-entry shares
- Replace a dividend check
- Certify your taxpayer ID
- Change your dividend election*

and
more!

P4760

* Online service not offered by all issuers.

BRUNSTING004816