EXXONMOBIL FOUNDATION WILL NOT MATCH

- Gifts to individuals.
- Gifts to religious organizations, when the gift is for religious programs, such as tithes or other religious financial commitments (church schools are eligible).
- Gifts to foster political activities.
- Gifts to organizations not recognized by the IRS under Section 501(c)(3) including organizations with limited constituencies, such as fraternities, sororities and veterans’ groups.
- Gifts to private foundations.
- Multiple gifts submitted on one form.
- Gifts made by estates or surviving spouses of deceased employees.
- Gifts of real/personal property (i.e., gifts in kind, except marketable securities).
- Deferred gifts (e.g., future interests).
- Tuition or other student expenses or payments in lieu of tuition.
- Accumulated or pooled monies raised by a group of employees/retirees and submitted by an individual.
- Payments for subscription fees, benefit tickets, testimonial dinners, insurance premiums or any payment not made as a direct gift.
- Unpaid pledges until they are paid.

ELIGIBLE DONEE ORGANIZATIONS

Public charitable institutions or organizations other than private foundations which are recognized as tax exempt by the Internal Revenue Service under Section 501(c)(3) of the Internal Revenue Code having an Employer Identification Number (EIN), or an agency of a state or local government qualified under IRC Section 170(c)(1), other than those described as ineligible.

IMPORTANT MAILING INSTRUCTIONS

Donor: Provide all of the information requested in Part A of the form, sign it and mail the entire form with your contribution to the organization of your choice.

Organization: Provide all of the information requested in Part B and sign the form. Mail completed applications to:

MOBIL RETIREE MATCHING GIFTS
EMPLOYEE PROGRAMS COORDINATOR
P. O. BOX 7635
PRINCETON, NJ 08543-7635

PROOF OF TAX STATUS IS REQUIRED THE FIRST TIME MATCHING FUNDS ARE REQUESTED. PLEASE ENCLOSE A COPY OF THE SECTION 501(c)(3) IRS EXEMPTION LETTER, INCLUDING YOUR EMPLOYER IDENTIFICATION NUMBER (EIN).

Government agencies such as public schools and community libraries should submit a copy of the law under which they are established, or a comparable document.

Note: Forms must be received by the Mobil Retiree Matching Gifts office within 90 days following the date of the gift.

FOR FURTHER INFORMATION CONTACT:

Mobil Retiree Matching Gifts
P. O. Box 7635
Princeton, NJ 08543-7635
(888) 846-4438
mobil@easymatch.com

ADMINISTRATIVE CONDITIONS

ExxonMobil Foundation reserves the right not to match a particular gift, donor or organization. Decisions are final. This Program may be terminated or conditions changed at any time and without advance notification.

HOW TO PARTICIPATE

Donor: Provide all of the information requested in Part A of the form, sign it and mail the entire form with your contribution to the organization of your choice.

Organization: Provide all of the information requested in Part B and sign the form. Mail completed applications to:

MOBIL RETIREE MATCHING GIFTS, P.O. Box 7635, PRINCETON, NJ 08543-7635.

Note: Forms must be received by the Mobil Retiree Matching Gifts office within 90 days following the date of the gift.
MOBIL RETIREE MATCHING GIFTS PROGRAM

The Mobil Retiree Matching Gifts Program is designed to encourage retirees to support charitable organizations.

ELIGIBLE CONTRIBUTIONS
ExxonMobil Foundation will match dollar-for-dollar contributions made by eligible persons in the form of cash or publicly traded securities within the following limits:

- Minimum Gift: $25
- Maximum Gift: $5,000 per retiree, per calendar year.
- Distribution: Contributions are matched four times per year.

ELIGIBLE DONORS
- Retired employees and directors of Mobil Corporation, or any of its domestic subsidiaries, which were designated as participating companies in ExxonMobil Foundation’s Matching Gifts Program.
- Spouses of Mobil retirees mentioned above.
- Retired directors of Mobil Corporation.

EXXONMOBIL FOUNDATION WILL NOT MATCH
- Gifts to individuals.
- Gifts to religious organizations, when the gift is for religious programs, such as tithes or other religious financial commitments (church schools are eligible).
- Gifts to foster political activities.
- Gifts to organizations not recognized by the IRS under Section 501(c)(3) including organizations with limited constituencies, such as fraternities, sororities and veterans’ groups.
- Gifts to private foundations.
- Gifts submitted on one form.

HOW TO PARTICIPATE
Provide all of the information requested in Part A of the form, sign it and mail the entire form to the Mobil Retiree Matching Gifts office within 90 days following the date of the gift.

ADMINISTRATIVE CONDITIONS
ExxonMobil Foundation reserves the right not to match a particular gift, donor or organization. Decisions are final. This Program may be terminated or conditions changed at any time and without advance notification.

FOR FURTHER INFORMATION CONTACT:
Mobil Retiree Matching Gifts
P.O. Box 7635
Princeton, NJ 08543-7635
(888) 846-4438
(888) 846-GIFT

Mobil Retiree Matching Gifts Program
P.O. Box 7635
Princeton, NJ 08543-7635
(888) 846-4438

PLEASE TYPE OR PRINT AND ANSWER ALL ITEMS. INCOMPLETE FORMS WILL BE RETURNED.

PART A • TO BE COMPLETED BY THE DONOR

<table>
<thead>
<tr>
<th>EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER</th>
<th>AMOUNT OF GIFT $25 OR MORE</th>
<th>AMOUNT YOU WISH TO BE MATCHED IF LESS THAN YOUR CONTRIBUTION</th>
</tr>
</thead>
</table>

IF DONATING STOCK

<table>
<thead>
<tr>
<th>NAME OF STOCK SHARES INSTEAD OF CASH</th>
</tr>
</thead>
</table>

NAME OF RECEIVING ORGANIZATION

DONOR’S NAME (FIRST, MIDDLE, LAST)

HOME ADDRESS (NUMBER AND STREET)

CITY STATE ZIP DAYTIME TELEPHONE NUMBER

RETIREE RETIRED DIRECTOR SPOUSE

RETIREE’S SIGNATURE

I hereby certify that the information submitted by me is complete and correct and that my gift fully complies with the provisions of the program described herein and will not be used to pay any fees or in lieu of tuition and does not in any way directly benefit myself, members of my family or any other person(s) designated by myself. I have not been nor will I be reimbursed by anyone for this contribution.

IMPORTANT—THIS DOCUMENT MUST BE RECEIVED BY MOBIL RETIREE MATCHING GIFTS WITHIN 90 DAYS FROM DATE OF GIFT. PLEASE TYPE OR PRINT AND ANSWER ALL ITEMS. INCOMPLETE FORMS WILL BE RETURNED.

PART B • TO BE COMPLETED ONLY BY THE RECEIVING ORGANIZATION

NOTE:
Forms must be received by the Mobil Retiree Matching Gifts office within 90 days following the date of the gift.

Proof of tax status is required the first time matching funds are requested. Please enclose a copy of the Section 501(c)(3) IRS exemption letter, including your Employer Identification Number (EIN). Government agencies such as public schools and community libraries should submit a copy of the law under which they are established, or a comparable document.

I hereby certify that this matching gift was made by the individual named and has been received by this organization within the limitations of the Program’s guidelines, and further, that it was given without promise or provision of material benefit to the donor or person(s) designated by the donor, and will not be used to fulfill payment of a pledge, any fees, services, or in lieu of tuition.

NAME OF ORGANIZATION (Use only legal, tax exempt name as reflected on IRS exemption letter)

FEDERAL T AX I.D. NO.

ADDRESS (NUMBER AND STREET)

CITY STATE ZIP

AMOUNT OF CONTRIBUTION WHICH IS TAX DEDUCTIBLE

DATE RECEIVED MO/ DAY/ YR

I hereby certify that the information submitted by me is complete and correct and that my gift fully complies with the provisions of the program described herein and will not be used to pay any fees or in lieu of tuition and does not in any way directly benefit myself, members of my family or any other person(s) designated by myself. I have not been nor will I be reimbursed by anyone for this contribution.

IMPORTANT—THIS DOCUMENT MUST BE RECEIVED BY MOBIL RETIREE MATCHING GIFTS WITHIN 90 DAYS FROM DATE OF GIFT. PLEASE TYPE OR PRINT AND ANSWER ALL ITEMS. INCOMPLETE FORMS WILL BE RETURNED.

Type of Organization (Check only one)

- ART/CULTURE
- PRE-COLLEGE EDUCATION
- HIGHER EDUCATION
- CIVIC
- HEALTH

PRINT NAME

AUTHORIZE SIGNATURE

TITLE

DATE