

AMENDMENT NO. 4
TO THE
2001 RESTATED PLAN DOCUMENT
OF THE
AIRCONDITIONING AND REFRIGERATION INDUSTRY
DEFINED CONTRIBUTION RETIREMENT PLAN

Effective May 16, 2006, the Airconditioning and Refrigeration Industry Defined Contribution Retirement Plan is amended as follows:

1. Article VII, Section 7.05 is amended to read as follows:

7.05 CLAIMS AND APPEALS PROCEDURES. The Trust Fund Office shall review each application for benefits made under Section 7.01. The Employee or Beneficiary who made such application (the "claimant") shall be advised in writing of the decision of the Trust Fund Office within ninety (90) days after the Trust Fund Office receives the application (unless the Trust Fund Office determines that special circumstances require an extension of time for processing the application. If such an extension is required, the claimant will be given written notice prior to the termination of the initial 90-day period. In no event shall such extension exceed a period of ninety (90) days from the end of such initial period. The extension notice shall indicate the special circumstances requiring an extension of time and the date by which the Plan expects to render a decision regarding the application for benefits.

The period of time within which a benefit determination is required to be made shall begin at the time a claim is filed in accordance with the reasonable procedures of the Plan, without regard to whether all the information necessary to make a benefit determination accompanies the filing.

The notice of the Trust Fund Office's decision shall include a written explanation giving detailed reasons for any denial, specific reference to the Plan provisions on which the denial is based, a description of any additional material or information necessary for the claimant to perfect the application and an explanation of why such material or information is necessary, and a description of the Plan's review procedures and applicable time limits, including a statement of your right to bring a civil action under Section 502(a) of ERISA following completion of the Plan's appeals procedures.

A claimant whose application for a benefit under this Plan has been denied, in whole or in part (or such claimant's duly authorized representative) shall be permitted to request an appeal of the decision. The appeal shall be reviewed by the Appeals Committee, which is a Committee of the Board of Trustees of the Plan whose members are appointed by the Board. The request for review must be in writing and submitted to the Trust Fund Office within sixty (60) days from the date of the claimant's receipt of the denial of the application. The claimant shall be permitted to submit any additional evidence or argument to support his or her position. The claimant shall be

provided, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the claimant's application for benefits. Whether a document is "relevant" will be determined in accordance with ERISA Regulation Section 2560.503-1(m)(8).

The request for appeal must contain an outline of the matter involved along with any issues, comments or explanations of the claimant's position. The claimant shall also be permitted to request that the claimant and/or the claimant's authorized representative be present at the Appeals Committee meeting. The Appeals Committee shall independently consider all comments, documents, records and other information submitted by the claimant or his or her authorized representative relating to the application for benefits, without regard to whether such information was submitted or considered in the initial benefit determination.

The Appeals Committee holds a regularly scheduled meeting at least quarterly. The Appeals Committee will make a determination regarding a request for review no later than the first such meeting occurring at least thirty (30) days following the receipt by the Trust Fund Office of the request for appeal; provided, however, that if the Appeals Committee determines that special circumstances require an extension of time for processing the application, the Appeals Committee shall render a decision not later than the third meeting after receipt of the appeal by the Trust Fund Office.

The Appeals Committee shall advise the claimant in writing of its decision as soon as possible, but not later than five (5) days after the benefit determination is made.

Whenever special circumstances require an extension of time for processing, written notice of the extension shall be furnished to the claimant before the extension period begins. Such notice shall describe the special circumstances and the date as of which the benefit determination will be made.

The period of time within which a benefit determination regarding an appeal is required to be made shall begin at the time an appeal is filed in accordance with the reasonable procedures of the Plan, without regard to whether all the information necessary to make a benefit determination accompanies the filing. In the event that a period of time is extended due to a claimant's failure to submit information necessary to decide a claim, the period for making the benefit determination shall be tolled from the date on which the notification of the extension is sent to the claimant until the date on which the claimant responds to the request for additional information.

The Appeal Committee's notice of its decision shall include a written explanation giving detailed reasons for any denial; specific reference to pertinent Plan provisions or documents on which the decision is based; a statement of the claimant's right to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to the claimant's application; and a statement of the claimant's right to bring a civil action under Section 502(a) of ERISA.

The decision of the Appeals Committee with respect to any appeal shall be final and binding upon all parties, including the claimant and any person representing the claimant.

This appeals procedure shall be the sole and exclusive procedure available to an individual who is dissatisfied with a decision of any kind relating to an application for benefits. The Plan's appeals procedures must be exhausted before the claimant can avail himself or herself of any procedure outside of the rules and regulations of the Plan itself.

CERTIFICATE OF ADOPTION OF AMENDMENT

The undersigned Chairman and Secretary of the Board of Trustees of the Airconditioning and Refrigeration Industry Defined Contribution Retirement Plan do hereby certify that the foregoing Amendment to the Plan Document was duly adopted by the Board of Trustees at a meeting duly called and held on May 16, 2006.



Chairman



Secretary