

DaimlerChrysler Stock Appreciation Right (SAR) Exercise Form

Section One: Optionee Information - Please print

Name		DCID	
Address		City	State
		Postal Code	
Country	Telephone Number with Area Code	Facsimile Number with Area Code	
E-mail Address			

Section Two: Indicate which grants to exercises

Grant Date (MM/DD/YY)	Original Grant Date (MM/DD/YY)	# of SARs to Exercise	Exercise Price
			\$
			\$
			\$
			\$

Section Three: Authorization - To Exercise SARs

To Whom It May Concern:

Pursuant to the terms of the DaimlerChrysler Equity Based Compensation Plan plan, I hereby exercise the above stated number of SARS at the above stated exercise price(s) per SAR from the SARs granted to me on the above stated date(s).

I understand that my exercise date will be the date that Allecon Stock Associates receives my properly executed exercise form, or if received after **5:00** pm Eastern Time, the following business day. I also understand the proceeds will be paid via the payroll department at DaimlerChrysler Corporation with amounts withheld for taxes.

Optionee Signature: _____ **Date:** _____

Return Completed form to:	DaimlerChrysler Corporation c/o Allecon Stock Associates 25900 W. Eleven Mile Road Suite 140 Southfield, MI 48034 Phone: 888 324-8095 (US) 248 353-7050 (Outside US) Fax: 248-353-1445
---------------------------	--