

# 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<br>(MM/DD/YY) | Original Grant Date<br>(MM/DD/YY) | # of SARs<br>to Exercise | Exercise<br>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<br>c/o Allecon Stock Associates<br>25900 W. Eleven Mile Road Suite 140<br>Southfield, MI 48034<br><br>Phone: 888 324-8095 (US)    248 353-7050 (Outside US)<br>Fax: 248-353-1445 |
|---------------------------|--|