



# Beneficiary Election Form

Seafarers International Union, AGLIW 401(k) Plan – MR 60169

**NOTICE:** Upon your death, your entire account balance in the Seafarers International Union, AGLIW 401(k) Plan will be automatically paid to your spouse (if applicable), unless you designate otherwise. If you designate someone other than your spouse the notarized consent of your spouse is required.

## SECTION 1: Information (Please print and complete all information)

Name (Last, First, Middle) Social Security Number (SSN)

Street City State/Zip

Marital Status:  Single  Married

## SECTION 2: Beneficiary designation

### Primary and alternate beneficiary designation

I hereby designate as my **Primary Beneficiary(ies)**: (Additional names may be added by attaching an additional page.) **Note:** If you are married, you must designate your spouse as your sole beneficiary **unless** your spouse waives his/her right to such benefit. (See Section 3 Spousal Consent on next page.)

Name Social Security Number (SSN) Relationship Percentage

Name Social Security Number (SSN) Relationship Percentage

**Contingent Beneficiary(ies):** If my primary beneficiary(ies) dies before me, distribute my Plan balance to my secondary beneficiary(ies) named below.

Name Social Security Number (SSN) Relationship Percentage

Name Social Security Number (SSN) Relationship Percentage

**If none of the above named beneficiaries survive me, pay out any and all benefits under the Plan according to the provisions stated in the Plan Rules and Regulations.**



# Beneficiary Election Form (Continued)

Seafarers International Union, AGLIW 401(k) Plan – MR 60169

## **SECTION 3:** Spousal consent (Spousal consent **must** be witnessed by a Notary Public only if you are married and elected a non-spouse beneficiary)

I, \_\_\_\_\_ (spouse), acknowledge that I am entitled to a benefit equal to at least one-half of my spouse's vested accrued benefit. I waive my right to such benefit and consent to the designation of beneficiary set forth in Section 2. If I am not named above as a beneficiary, I will receive no benefit from this plan.

\_\_\_\_\_  
Spouse's signature:

\_\_\_\_\_  
Date:

### **Notary seal here**

I, \_\_\_\_\_ a Notary Public, certify that the above named individual personally appeared before me and signed the above Spousal Consent as a free and voluntary act.

\_\_\_\_\_  
Signed:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
My commission expires:

## **SECTION 4:** Participant authorization

### **Authorization of beneficiary designation**

I understand that the above beneficiary designation will remain in force until a new form is submitted.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Date:

### **Return completed form to:**

Seafarers International Union 401(k) Plan  
5201 Auth Way  
Camp Springs, MD 20746