

SEAFARERS MONEY PURCHASE PENSION PLAN

5201 Auth Way ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 6) ■ F: (301) 702-6076 ■ www.seafarers.org

DESIGNATION OF BENEFICIARY FORM

This form is for a current Participant designating a beneficiary(s) to receive a benefit in the event of his or her death. Complete Sections 1 - 8, as they apply to you. Sections 9 and 10 of the form must be signed by the Participant and his or her spouse, if applicable, in the presence of a Notary Public or an authorized SIU/Plan Representative. Return the form to: SMPPP, Attn: Beneficiary Form, 5201 Auth Way, Camp Springs, MD 20746

1 Participant's Information

Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

2 Marital Status

Single

Married

- Requires spousal consent in Section 8 if your spouse is not designated as the sole beneficiary:

Spouse's Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Divorced

Widow(er)

If more than one Primary Beneficiary is named, the Death Benefit shall be paid in equal shares unless the share percentage is designated in Sections 3 - 6.

3 Primary Beneficiary 1

Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Share %

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

Relationship

4 Primary Beneficiary 2

Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Share %

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

Relationship

5 Primary Beneficiary 3

Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Share %

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

Relationship

6 Primary Beneficiary 4

Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Share %

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

Relationship

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If a Primary Beneficiary predeceases me then I designate the following Contingent Beneficiary to receive his or her share of the death benefit. The Contingent Beneficiary's share percentage is based on the death benefit designated to the Primary Beneficiary that he or she is replacing. If I do not designate a Contingent Beneficiary, then the remaining Primary Beneficiary(s) will split the deceased beneficiary's share equally.

7 Contingent Beneficiary 1

■ Replaces Primary Beneficiary: 1 2 3 4 Any

Full Name (First, Middle Initial, Last)

Social Security Number Date of Birth Share %

Mailing Address

City State Zip Code

Cell Phone Number Home Phone Number

Email Relationship

8 Contingent Beneficiary 2

■ Replaces Primary Beneficiary: 1 2 3 4 Any

Full Name (First, Middle Initial, Last)

Social Security Number Date of Birth Share %

Mailing Address

City State Zip Code

Cell Phone Number Home Phone Number

Email Relationship

9 Spousal Consent - Waiver of Sole Beneficiary

■ *If your spouse is not designated as the sole beneficiary of the death benefit, your spouse must complete the following in the presence of a Notary Public or an authorized SIU/Plan Representative:*

I, _____, born, _____, am aware that my spouse, _____,

Spouse's Name Date of Birth Participant's Name

has designated a beneficiary for benefits in the event of their death other than myself. As their spouse I am rightfully their sole beneficiary for Death Benefits from the Plan. By signing below, I certify that I waive my right as sole beneficiary and consent to my spouse's beneficiary designation(s).

Spouse's Signature Date Signed

10 Participant's Signature

I revoke all previous beneficiary designations and have made the above designations with respect to all benefits provided now or at any time in the future under the Seafarers Money Purchase Pension Plan, still reserving the privilege of further designations. I have made the above statements and representations to the Board of Trustees of the Plan with the knowledge that they will rely on the information provided when distributing a benefit in the event of my death.

Participant's Signature Date Signed

TO BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED SIU/PLAN REPRESENTATIVE

11 Notarization

State of: _____ County of: _____

On this the _____ day of _____, 20____, before me, _____, the undersigned,

Day Month Year Notary Public or SIU/Plan Representative's Name

personally appeared _____ and/or _____, satisfactorily

Participant's Name Spouse's Name (if applicable)

proven to be the person(s) named in and personally signed, sealed, and delivered this Designation of Beneficiary Form as his or her act and deed.

Notary Public's or SIU/Plan Representative's Signature Date Signed