

SEAFARERS HEALTH AND BENEFITS PLAN
SEAFARERS MONEY PURCHASE PENSION PLAN
SEAFARERS VACATION PLAN

5201 Auth Way
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

Re: Seafarers Benefit Plans Beneficiary Form

Dear Plan Participant:

As a participant in the Seafarers Benefit Plans ("Plans") you may be eligible for benefits now or may become eligible for benefits in the future from the Seafarers Health and Benefits Plan, Seafarers Money Purchase Pension Plan and/or Seafarers Vacation Plan. Your beneficiary may be eligible for a death benefit at the time of your death.

The completion and receipt of the Plans' beneficiary form will cancel any former beneficiary designation you may have made for each plan. The following are brief summaries of the designation options for the Plans:

- **Sole Beneficiary for all of the Seafarers Benefit Plans** - If you want the same person to receive all benefits payable upon your death from all of the Plans, complete this option in Section 1 of the form.

If you are a participant in the Seafarers Money Purchase Pension Plan and you did not designate your spouse as your sole beneficiary, your spouse must complete Section 9 in the presence of either a Notary Public or an authorized SIU/Plan Representative to indicate that he or she consents to waive payment of your pension benefit.

You may designate a contingent beneficiary in Sections 5 - 8, who will only receive a benefit if the sole beneficiary is deceased at the time of your death.

- **Seafarers Health and Benefits Plan (SHBP)** - You may designate one or two primary beneficiaries to share the death benefit in Section 2.

In order to qualify for the Seafarers Health and Benefits Plan's maximum Standard or Graduated Death Benefit, your designated beneficiary must be a close relative as listed below:

Spouse	Grandmother	Stepmother	Brother	Nephew*
Child	Stepchild	Stepfather	Sister	Niece*
Grandchild	Mother	Half-sister	Stepsister	
Grandfather	Father	Half-brother	Stepbrother	

**Niece and Nephew are the children of your brother or sister.*

In the event that your beneficiary predeceases you and you have no contingent beneficiary, or if your beneficiary is not a close relative, the death benefit will be reduced to \$1,000. All death benefits are subject to a funeral expense deduction.

In the event that one of your beneficiaries predeceases you, you may designate a contingent beneficiary in Sections 5 - 8, who will only receive a benefit if one or both of the primary beneficiaries are deceased at the time of your death.

- **Seafarers Money Purchase Pension Plan (SMPPP)** - You may designate one or two primary beneficiaries to share any remaining account balance in Section 3.

If you are married and you did not designate your spouse as the only primary beneficiary, your spouse must complete Section 9 in the presence of a Notary Public or an authorized SIU/Plan Representative to indicate that he or she consents to waive payment of your pension benefit.

In the event that one of your beneficiaries predeceases you, you may designate a contingent beneficiary in Sections 5 - 8, who will only receive a benefit if one or both of the primary beneficiaries are deceased at the time of your death.

- **Seafarers Vacation Plan (SVP)** - You may designate one primary beneficiary to receive any vacation benefits owed to you at the time of your death in Section 4.

You may designate a contingent beneficiary in Sections 5 - 8, who will only receive a benefit if the primary beneficiary is deceased at the time of your death in Sections.

If you designate more than one primary beneficiary or contingent beneficiary to share a benefit for any plan, indicate the share percentage that each beneficiary should receive.

Section 10 of the form must be signed by you in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative.

Return the completed form by: e-mail: map@seafarers.org; fax: (301) 702-6061; or mail: MAP, 5201 Auth Way, Camp Springs, MD 20746.

If you have any questions regarding the form, contact the Seafarers Member Assistance Program at (800) 252-4674 (Option 2) or map@seafarers.org. Additional information regarding the Plans can be found online at www.seafarers.org under Benefit Plans.

Sincerely,

Margaret R. Bowen
Administrator

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SEAFARERS MONEY PURCHASE PENSION PLAN SEAFARERS VACATION PLAN**

5201 Auth Way ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6061 ■ www.seafarers.org

BENEFICIARY FORM

This form is for a Participant in the Seafarers Benefits Plans ("Plans") designating a beneficiary to receive a benefit in the event of his or her death. Complete Sections 1 - 8 as they apply to you. If you designate more than one primary beneficiary to share a benefit, indicate the share percentage that each primary beneficiary should receive. Section 10 of the form must be signed by you in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative. Complete and return the form by: email: map@seafarers.org; fax: (301) 702-6061; or mail: MAP, 5201 Auth Way, Camp Springs, MD 20746

1 Participant's Information

Marital Status

- Single
- Married
- Divorced
- Widow(er)

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Mailing Address

City

State

Zip Code

Sole Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

XXX-XX-

Cell Phone Number

Home Phone Number

Social Security Number

Date of Birth

Email

Mailing Address (Street, City, State, Zip Code)

Sole Beneficiary for the Seafarers Benefits Plans

To designate a sole beneficiary for all Plans, list your beneficiary below. For the Seafarers Money Purchase Pension Plan, if you are married and your spouse is not designated as your sole beneficiary, Section 9 is required:

2 Seafarers Health and Benefits Plan (SHBP) Primary Beneficiary

In order to qualify for the Plan's Standard Death Benefit or Graduated Death Benefit, your designated beneficiary must be a close relative listed below:

- | | | | | | | | | |
|--------|-------------|-------------|--------|------------|--------------|---------|-------------|---------|
| Spouse | Grandchild | Grandmother | Mother | Stepmother | Half-sister | Brother | Stepsister | Nephew* |
| Child | Grandfather | Stepchild | Father | Stepfather | Half-brother | Sister | Stepbrother | Niece* |

*Niece and Nephew are the children of your brother or sister. In the event that your beneficiary predeceases you, you have no contingent beneficiary, or your beneficiary isn't a close relative, the death benefit will be reduced to \$1,000. All death benefits are subject to a funeral expense deduction.

SHBP Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

XXX-XX-

Social Security Number

Date of Birth

Share %

Mailing Address (Street, City, State, Zip Code)

SHBP Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

XXX-XX-

Social Security Number

Date of Birth

Share %

Mailing Address (Street, City, State, Zip Code)

3 Seafarers Money Purchase Pension Plan (SMPPP) Primary Beneficiary

If you are married and your spouse is not designated as your sole beneficiary, he or she must complete Section 9:

SMPPP Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

XXX-XX-

Social Security Number

Date of Birth

Share %

Mailing Address (Street, City, State, Zip Code)

SMPPP Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

XXX-XX-

Social Security Number

Date of Birth

Share %

Mailing Address (Street, City, State, Zip Code)

4 Seafarers Vacation Plan (SVP) Primary Beneficiary

SVP Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

XXX-XX-

Social Security Number

Date of Birth

Mailing Address (Street, City, State, Zip Code)

FOR OFFICE USE ONLY

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BENEFICIARY FORM

If my primary beneficiary predeceases me, then I designate the following contingent beneficiary to receive his or her share of the death benefit. If you designate more than one contingent beneficiary to share a benefit, indicate the share percentage that each contingent beneficiary should receive:

5 Contingent Beneficiary
Replaces Beneficiary for: SHBP SMPPP SVP

Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship

XXX-XX- _____

Social Security Number Date of Birth Share %

Mailing Address (Street, City, State, Zip Code)

6 Contingent Beneficiary
Replaces Beneficiary for: SHBP SMPPP SVP

Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship

XXX-XX- _____

Social Security Number Date of Birth Share %

Mailing Address (Street, City, State, Zip Code)

7 Contingent Beneficiary
Replaces Beneficiary for: SHBP SMPPP SVP

Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship

XXX-XX- _____

Social Security Number Date of Birth Share %

Mailing Address (Street, City, State, Zip Code)

8 Contingent Beneficiary
Replaces Beneficiary for: SHBP SMPPP SVP

Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship

XXX-XX- _____

Social Security Number Date of Birth Share %

Mailing Address (Street, City, State, Zip Code)

9 Spousal Consent - Waiver of Sole Beneficiary for the Seafarers Money Purchase Pension Plan
If you are married and your spouse is not designated as the primary beneficiary of the death benefit for the Seafarers Money Purchase Pension Plan in Section 3, your spouse must complete the following in the presence of a Notary Public or witnessed by 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 Seafarers Money Purchase Pension Plan. By signing below, I certify that I waive my right as sole beneficiary and consent to my spouse's designation.

Spouse's Signature Date Signed

10 Participant's Signature
I certify that the above information is true and correct, and I have provided this information with the understanding that the applicable Seafarers Benefit Plans will rely on the information for death benefit purposes.

Participant's Signature Date Signed

THIS SECTION MUST 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 Beneficiary Form as his or her act and deed.

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