

SEAFARERS PENSION PLAN

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

Margaret R. Bowen
Administrator

Re: Seafarers Pension Plan Beneficiary Form

Dear Pensioner:

As a pensioner in the Seafarers Pension Plan ("Plan") your beneficiary will be eligible for a death benefit at the time of your death.

The completion and receipt of the Plan's beneficiary form will cancel any former beneficiary designation you may have made for the Plan. The following is a brief summary of the designation options for the Plan:

- **Seafarers Pension Plan (SPP)** - You may designate one or two primary beneficiaries to share the death benefit in Section 2.

In order to qualify for the Plan's maximum 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 do not have a contingent beneficiary, or if your beneficiary is not a close relative, the death benefit will be reduced. 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 3 - 6, who will only receive a benefit if one or both of the primary beneficiaries are deceased at the time of your death.

- **What if someone else legally acts on my behalf?** - If someone else is legally authorized to designate beneficiaries on your behalf, complete this option in Section 1 of the form.

The Plan requests that you provide a copy of the Power of Attorney (POA) or Letters of Guardianship if you have not previously submitted the document. Additionally, you should provide your POA's or Guardian's full name, relationship, and address.

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 7 of 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 Plan can be found online at www.seafarers.org under Benefit Plans.

Sincerely,

Margaret R. Bowen
Administrator

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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 Pension Plan ("Plan") designating a beneficiary to receive a benefit in the event of his or her death. Complete Sections 1 - 6 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 7 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	POA or Guardian's Full Name (First, Middle Initial, Last)		Relationship
Cell Phone Number	Home Phone Number		Mailing Address		
Email			City	State	Zip Code

What if someone else legally acts on my behalf?

If someone else is legally authorized to act on your behalf, please provide the required documents and the following information for him or her:

- Copy of Power of Attorney (POA) OR Letter of Guardianship Required

2 Seafarers Pension Plan (SPP) Primary Beneficiary											
In order to qualify for the Plan's maximum 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 is not a close relative, the death benefit will be reduced. All death benefits are subject to a funeral expense deduction.											
SPP Beneficiary's Full Name (First, Middle Initial, Last) XXX-XX-			Relationship			SPP Beneficiary's Full Name (First, Middle Initial, Last) XXX-XX-			Relationship		
Social Security Number	Date of Birth	Share %				Social Security Number	Date of Birth	Share %			
Mailing Address (Street, City, State, Zip Code)						Mailing Address (Street, City, State, Zip Code)					

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:

3 Contingent Beneficiary			
Contingent Beneficiary's Full Name (First, Middle Initial, Last) XXX-XX-		Relationship	
Social Security Number	Date of Birth	Share %	
Mailing Address (Street, City, State, Zip Code)			

4 Contingent Beneficiary			
Contingent Beneficiary's Full Name (First, Middle Initial, Last) XXX-XX-		Relationship	
Social Security Number	Date of Birth	Share %	
Mailing Address (Street, City, State, Zip Code)			

5 Contingent Beneficiary			
Contingent Beneficiary's Full Name (First, Middle Initial, Last) XXX-XX-		Relationship	
Social Security Number	Date of Birth	Share %	
Mailing Address (Street, City, State, Zip Code)			

6 Contingent Beneficiary			
Contingent Beneficiary's Full Name (First, Middle Initial, Last) XXX-XX-		Relationship	
Social Security Number	Date of Birth	Share %	
Mailing Address (Street, City, State, Zip Code)			

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BENEFICIARY FORM

7 Participant's Signature

I certify that the above information is true and correct, and I have provided this information with the understanding that the Seafarers Pension Plan 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

8 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 _____, satisfactorily proven to be the person named in and
Participant's Name

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