

**SEAFARERS MONEY PURCHASE PENSION PLAN**  
c/o Basil Castrovinci Associates, Inc.  
36 Hopatchung Road, Hopatcong, New Jersey 07843  
(800) 485-3703

**Participant Enrollment Form and Designation of Beneficiary**

*Please provide all requested information.*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address - Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Area Code Telephone # \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Spouse's name (if married) \_\_\_\_\_ Date Married \_\_\_\_\_ S.S.# \_\_\_\_\_

***Please designate a beneficiary (person(s) to receive your pension in the event of your death.)***

**Share (%) to be paid**

1. Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
Address \_\_\_\_\_

4. Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
Address \_\_\_\_\_

***Each surviving beneficiary shall share equally, if the shares to be paid to the beneficiaries are not indicated above.***

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

***Spouse's signature is required if spouse is not sole beneficiary.  
Spouse's signature indicates agreement with the above designation of beneficiaries.***

***If you have any questions, please contact the Fund Director at the above address or telephone number.  
You may also contact the Plan Administrator at:***

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