

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

5201 Capital Gateway Drive  
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](mailto:map@seafarers.org); fax: (301) 702-6061; or mail: MAP, 5201 Capital Gateway Drive, 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](mailto:map@seafarers.org). Additional information regarding the Plans can be found online at [www.seafarers.org](http://www.seafarers.org) under About.

Sincerely,

Margaret R. Bowen  
Administrator

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

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6061 ■ [www.seafarers.org](http://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](mailto:map@seafarers.org); fax: (301) 702-6061; or mail: MAP, 5201 Capital Gateway Drive, Camp Springs, MD 20746*

<p><b>1 Participant's Information</b></p> <p>Full Name (First, Middle Initial, Last) XXX-XX-</p> <p>Social Security Number      Date of Birth</p> <p>Mailing Address</p> <p>City      State      Zip Code</p> <p>Cell Phone Number      Home Phone Number</p> <p>Email</p>	<p><b>Marital Status</b></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)</p> <p align="center"><b>Sole Beneficiary for the Seafarers Benefits Plans</b></p> <p>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:</p> <p>Sole Beneficiary's Full Name (First, Middle Initial, Last)      Relationship XXX-XX-</p> <p>Social Security Number      Date of Birth</p> <p>Mailing Address (Street, City, State, Zip Code)</p>
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<p><b>2 Seafarers Health and Benefits Plan (SHBP) Primary Beneficiary</b></p> <p>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:</p> <p align="center">                 Spouse    Grandchild    Grandmother    Mother    Stepmother    Half-sister    Brother    Stepsister    Nephew*                  Child    Grandfather    Stepchild    Father    Stepfather    Half-brother    Sister    Stepbrother    Niece*             </p> <p>*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.</p>	
<p>SHBP Beneficiary's Full Name (First, Middle Initial, Last)      Relationship XXX-XX-</p> <p>Social Security Number      Date of Birth      Share %</p> <p>Mailing Address (Street, City, State, Zip Code)</p>	<p>SHBP Beneficiary's Full Name (First, Middle Initial, Last)      Relationship XXX-XX-</p> <p>Social Security Number      Date of Birth      Share %</p> <p>Mailing Address (Street, City, State, Zip Code)</p>

<p><b>3 Seafarers Money Purchase Pension Plan (SMPPP) Primary Beneficiary</b></p> <p>If you are married and your spouse is not designated as your sole beneficiary, he or she must complete Section 9:</p>	
<p>SMPPP Beneficiary's Full Name (First, Middle Initial, Last)      Relationship XXX-XX-</p> <p>Social Security Number      Date of Birth      Share %</p> <p>Mailing Address (Street, City, State, Zip Code)</p>	<p>SMPPP Beneficiary's Full Name (First, Middle Initial, Last)      Relationship XXX-XX-</p> <p>Social Security Number      Date of Birth      Share %</p> <p>Mailing Address (Street, City, State, Zip Code)</p>

<p><b>4 Seafarers Vacation Plan (SVP) Primary Beneficiary</b></p> <p>SVP Beneficiary's Full Name (First, Middle Initial, Last)      Relationship XXX-XX-</p> <p>Social Security Number      Date of Birth</p> <p>Mailing Address (Street, City, State, Zip Code)</p>	<p><b>FOR OFFICE USE ONLY</b></p>
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