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	Stephrother	

^{*}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 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. Additional information regarding the Plans can be found online at www.seafarers.org under About.

Sincerely,

Margaret R. Bowen Administrator

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5201 Capital Gateway Drive - 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 Capital Gateway Drive, Camp Springs, MD 20746

MD 20746					
1 Participant's Information			Marital Status ☐Single ☐Married		
Full Name (First, M	iddle Initial, Last)		☐ Divorced		
XXX-XX-			☐Widow(er)		
Social Security Number Date of Birth		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			
Mailing A	Address		spouse is not designated as your sole b	eneficiary, Section 9 is	required:
City	State	Zip Code	Sole Beneficiary's Full Name (First, Mid	Idle Initial, Last)	Relationship
			XXX-XX-		
Cell Phone Number	Home Phone I	Number	Social Security Number	Date of Birth	
Em	ail		Mailing Address (Stree	et, City, State, Zip Code)	
2 Seafarers Health and Benefits		- ":			
	Stepchild Factorial Stepchild Factorial Stepchild Factorial Factorial Stepchild Factorial Factorial Stepchild Factorial Factor		•		neficiary, or your
SHBP Beneficiary's Full Name (First, Mid	dle Initial, Last)	Relationship	SHBP Beneficiary's Full Name (First, Mid	ddle Initial, Last)	Relationship
XXX-XX-			XXX-XX-		
Social Security Number	Date of Birth	Share %	Social Security Number	Date of Birth	Share %
Mailing Address (Street, City, State, Zip Code)				et, City, State, Zip Code)	
3 Seafarers Money Purchase Pe	ension Plan (SMPD)	D) Drimary Ben	peficiary		
If you are married and your spouse is no	=	-			
SMPPP Beneficiary's Full Name (First, Mic	ddle Initial, Last)	Relationship	SMPPP Beneficiary's Full Name (First, M	iddle Initial, Last)	Relationship
XXX-XX-			XXX-XX-		
Social Security Number	Date of Birth	Share %	Social Security Number	Date of Birth	Share %
Mailing Address (Street, City, State, Zip Code)			Mailing Address (Stree	et, City, State, Zip Code)	
4 Seafarers Vacation Plan (SVP	Primary Beneficia	iry			
CVD Description 1 in the control of	districted to the	D-l-ri II			
SVP Beneficiary's Full Name (First, Middle Initial, Last) Relationship		EOD OFFICE	E LISE ONLY		
XXX-XX-			FOR OFFICE USE ONLY		
Social Security Number	Date of Birth				

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

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5201 Capital Gateway Drive = Camp Springs, MD 20746 = P: (800) 252-4674 (Option 2) = F: (301) 702-6061 = www.seafarers.org

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	6 Contingent Beneficiary				
Replaces Beneficiary for: SHBP SMPPP SVP	Replaces Beneficiary for: SHBP SMPPP SVP				
Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship	Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship				
XXX-XX-	XXX-XX-				
Social Security Number Date of Birth Share %	_				
Mailing Address (Street, City, State, Zip Code)	Mailing Address (Street, City, State, Zip Code)				
7 Contingent Beneficiary	8 Contingent Beneficiary				
Replaces Beneficiary for: SHBP SMPPP SVP	Replaces Beneficiary for: SHBP SMPPP SVP				
– – –					
Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship	Contingent Beneficiary's Full Name (First, Middle Initial, Last) Relationship				
XXX-XX- Social Security Number Date of Birth Share %	XXX-XX- Social Security Number Date of Birth Share %				
Social Security Number Date of Birth Shale A	Social Security Number Date of Bitti Share 70				
Addition Address (Charles Charles Tip Code)	Marillan Address (Chross City Carts Tip Code)				
Mailing Address (Street, City, State, Zip Code)	Mailing Address (Street, City, State, Zip Code)				
9 Spousal Consent - Waiver of Sole Beneficiary for the Seafare	ers Money Purchase Pension Plan				
	iary 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 Publi	c or witnessed by an authorized SIO/Plan Representative:				
I,, born,	_, am aware that my spouse,, 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 Sig	ned				
Routisis and a Cinneture					
10 Participant's Signature	and this information with the understanding that the applicable Scafarors Benefit				
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 Sig	ned				
THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED SIU/PLAN REPRESENTATIVE					
	roblic or an Adinorized Sid/Pean Refresentative				
11 Notarization					
State of: County of:					
On this the, 20, be	fore me,, the undersigned, Notary Public or SIU/Plan Representative's Name				
Day Month Year	Notary Public or SIU/Plan Representative's Name				
personally appeareda	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 Sig	ned .				

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