



Sailors Union Of The Pacific

401(k) Plan

730 Harrison Street, Suite 415 ** San Francisco, CA 94107

Tel: (415) 778-5490 ** Fax: (415) 778-5495

Beneficiary Designation Form

PART 1 -- PARTICIPANT INFORMATION

Participant: _____ Participant's SSN: _____

Address: _____
Street, Box No.

City

State

Zip

Marital Status: _____ (If no spouse, go to Part 2) Telephone Number _____

Name of Spouse: _____ Spouse's SSN: _____

PART 2 -- CERTIFICATION OF MARITAL STATUS

(Form is not valid without signed Certification of Marital Status.)

I understand that Spousal Consent is required in Part 4 if any death benefits payable under this Plan are designated to go to a beneficiary other than my spouse. I hereby certify my marital status as follows:

- Married. (See details above)
- Single. By signing this Certification, I certify that, as of the date of my signature:
- I am not married;
 - I am not separated from my spouse; and
 - I am not in the process of obtaining a divorce.

PART 3 -- BENEFICIARY DESIGNATION

You can name one or more persons as beneficiary(ies). However, if you are married and you name someone other than your spouse as beneficiary for all or part of your account, your spouse must consent to the beneficiary designation in Part 4.

I name the following individual(s) to receive my Plan benefits in the event of my death. Unless you state otherwise, all beneficiaries will share equally. This designation revokes any prior designations of primary or secondary beneficiaries I may have made.

Primary Designation

Name: _____

Date of Birth: _____

SSN: _____

Address: _____

Relationship: _____

Share Percentage: _____

Name: _____

Date of Birth: _____

SSN: _____

Address: _____

Relationship: _____

Share Percentage: _____

Secondary Designation

Name: _____

Date of Birth: _____

SSN: _____

Address: _____

Relationship: _____

Share Percentage: _____

Name: _____

Date of Birth: _____

SSN: _____

Address: _____

Relationship: _____

Share Percentage: _____

Note: Attach additional sheets if necessary.

PART 4 -- SPOUSAL CONSENT

Return this form to the Plan Office. Keep one copy for your records.

