



**Sailors Union Of The Pacific  
Money Purchase Pension Plan  
730 Harrison Street, Suite 415 \*\* San Francisco, CA 94107  
Tel: (415) 778-5490 \*\* Fax: (415) 778-5495  
Beneficiary Designation Form For Single Participants**

**PART 1—PARTICIPANT  
INFORMATION**

Participant: \_\_\_\_\_ Participant's SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Street, Box No.

\_\_\_\_\_ Telephone Number \_\_\_\_\_  
City State Zip

**PART 2— BENEFICIARY DESIGNATION**

I understand that my account is payable to my beneficiary(ies) if I die before my benefits start under the Plan. I also understand that, if I marry, this beneficiary designation will no longer apply. **I name the following beneficiary(ies) for my account.** Unless you state otherwise, all beneficiaries will share equally. Secondary Beneficiaries will receive the death benefit only if no Primary Beneficiaries are living. This designation revokes any prior designations of primary or secondary beneficiaries I may have made.

Primary Designation

Secondary Designation

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_

Share Percentage: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Share Percentage: \_\_\_\_\_

Share Percentage: \_\_\_\_\_

*Note: Attach additional sheets if necessary.*

**PART 3— CERTIFICATION OF MARITAL STATUS AND  
SIGNATURE**

I hereby 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.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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