





**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 Married Participants**

**PART 4— BENEFICIARY DESIGNATION FOR PARTICIPANTS AGE 35 OR OLDER**

As a married participant age 35 or older, you may designate anyone as your primary and/or secondary beneficiary(ies). If you do not designate your spouse as primary beneficiary to receive 100% of you account, he or she must consent to give up their rights to your account in Part 5 below and their signature must be witnessed by a notary public.

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

Secondary Designation

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Share Percentage: \_\_\_\_\_

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Share Percentage: \_\_\_\_\_

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 5— SPOUSAL CONSENT**

I, \_\_\_\_\_, spouse of \_\_\_\_\_ hereby waive my rights to my spouse's account in the Plan and approve the above beneficiary designation. I understand that by giving this approval, I am giving up my right to a lifetime income payable to me if my spouse should die before benefits begin under the Plan, and that by consenting to some other person(s) as beneficiary(ies), I may never receive any benefits under this Plan.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARIZATION/WITNESS REQUIRED FOR SPOUSAL CONSENT:**

STATE OF \_\_\_\_\_ )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_  
 to me known to be the spouse described in the "Spousal Consent" above, and who executed the same. Witness my hand and official  
 seal.

\_\_\_\_\_  
 Notary Public

**PART 6— SIGNATURE**

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