

## 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

Participant:				SSN:	4 7 14	Birth Da	te:
F	First Mid	dle	Last				
Address:					Telephone N	Number:	
	Stree	et, Box No.					
City	State			Zip	45 45		
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F	irst Mide	dle	Last				
Address:	Stree	et, Box No.					
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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:	Name:				
Date of Birth:	Date of Birth:				
SSN:	SSN:				
Address:	Address:				
	Relationship:				
Relationship:	Share Percentage:				
Share Percentage:	Silate refeemage.				
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 5—SPOUSAL CONSENT					
I,, spouse of, hereby waive my rights to my spouse's account in the Plan and apputhis approval, I am giving up my right to a lifetime income payable and that by consenting to some other person(s) as beneficiary(ies), I	to me if my spouse should die before benefits begin under the Plan, 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 reto me known to be the spouse described in the "Spousal Consent" a seal.	ne personally appeared				
	Notary Public				
PART 6-SIGNATURE					
Participant's Signature	Date				