

MASTERS, MATES AND PILOTS PLANS

700 Maritime Boulevard, Suite A LINTHICUM
HEIGHTS, MARYLAND 21090-1996

ADMINISTRATOR

Patrick McCullough

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IRAP/401(k) BENEFICIARY DESIGNATION FORM

Name: _____
Last Name First Name Middle Initial

SSN: _____ E-Mail: _____

Phone: (H) _____ (C) _____

Address: _____

City State Zipcode

Membership Group: Offshore Pilots UIG FEMG

Marital Status: Married Widowed Divorced* Legally Separated* Single

*If this box is checked, submit necessary documentation.

I revoke all previous beneficiary nominations and make the following nomination with respect to all benefits provided now or at any time in the future under the MM&P IRAP/401(k) Arrangement, still reserving to myself the privilege of other and further changes.

Your Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Address: _____

City State Zipcode

BENEFICIARY

Federal law requires that if you are a married participant, you must designate your spouse as beneficiary.

Name of Beneficiary: _____ Relationship: _____

Beneficiary SSN: _____ Date of Birth: _____

Address: _____

City State Zipcode

Signature of Beneficiary: _____ Date: _____