

MASTERS, MATES AND PILOTS PLANS

700 MARITIME BOULEVARD, SUITE A
LINTHICUM HEIGHTS, MD 21090-1996

401(k)

BENEFICIARY DESIGNATION FORM

ADMINISTRATOR
PATRICK McCULLOUGH

EMAIL
planoffice@mmppplans.com

TELEPHONE
(410) 850-8500

TELEFAX
(410) 850-8655

Name: _____
Last Name First Name Middle Initial

SSN: _____ E-mail: _____

Home phone: _____ Cell _____

Address: _____

_____ City State Zip code

Membership Group: Offshore Pilots UIG

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 M.M. & P. 401(k) Arrangement, still reserving to myself the privilege of other and further changes.

Your Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Address _____
City State Zip code

BENEFICIARY

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

Name of Beneficiary _____ Relationship: _____

Signature of Beneficiary: _____ Date: _____

Beneficiary SSN: _____ Date of Birth: _____

Address: _____

_____ City State Zip code

