

MASTERS, MATES AND PILOTS PLANS

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

ADMINISTRATOR

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INDIVIDUAL RETIREMENT ACCOUNT PLAN 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 designations and make the following designation with respect to all benefits provided now or at any time in the future under the MM&P Individual Retirement Account Plan, still reserving to myself the privilege of future changes.

I understand that pursuant to the Retirement Equity Act, 50% of the vested portion of my IRAP account balance will automatically be paid to my Surviving Spouse. This is so even if I designate someone other than my Spouse to receive my IRAP account balance if I die before it is paid to me, unless proper Waiver of Spousal Benefits is on file with the Plan Office.

If you require the above mentioned Waiver, or information concerning other Plan provisions, contact the Plan office.

Your Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Address: _____

_____ City State Zipcode

BENEFICIARY

Name of Beneficiary: _____ Relationship: _____

Beneficiary SSN: _____ Date of Birth: _____

Address: _____

_____ City State Zipcode

Signature of Beneficiary: _____ Date: _____