

**STEAMSHIP TRADE ASSOCIATION OF BALTIMORE -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SEVERANCE AND ANNUITY PLAN**

**BENEFICIARY DESIGNATION**

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**SECTION I - GENERAL INFORMATION**

\_\_\_\_\_  
PARTICIPANT NAME (*Last, First, Middle Initial*)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PARTICIPANT ADDRESS (*No., Street*)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PARTICIPANT ADDRESS (*City, State, Zip Code*)

-----SEX-----  
M \_\_\_\_ F \_\_\_\_

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**SECTION II - MARITAL STATUS**

Marital Status:      MARRIED \_\_\_\_      SINGLE \_\_\_\_

If married, complete the following and attach a copy of your marriage certificate.

Spouse's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

If single, complete the following:

I, (*Insert Name*), hereby state that I am not legally married at this time. I also state that I have not lived with anyone under circumstances constituting a common law marriage in a state that recognizes common law marriage.

\_\_\_\_ I hereby state that I have never been married.

\_\_\_\_ I hereby state that I have been married, but that my marriage ended by death on (*Insert Date*). Attach a copy of the death certificate.

\_\_\_\_ I hereby state that I have been married, but that my marriage ended by divorce on (*Insert Date*). Attach a copy of the divorce decree.

I realize that the Fund may make inquiries about my marital status with various organizations and/or individuals and I give my consent to release such information about my marital status.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

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### SECTION III - PRIMARY BENEFICIARY

I name the following as Primary Beneficiary or Beneficiaries to receive any benefits payable upon my death in the proportions indicated.

1) \_\_\_\_\_  
NAME (Last, First, Middle Initial)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS (No., Street)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS (City, State, Zip Code)

\_\_\_\_-SEX\_\_\_\_\_  
M \_\_\_\_ F \_\_\_\_

RELATIONSHIP: SPOUSE: \_\_\_\_\_  
OTHER: \_\_\_\_\_

\_\_\_\_\_  
PERCENTAGE OF TOTAL BENEFITS TO BE PAID

2) \_\_\_\_\_  
NAME (Last, First, Middle Initial)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS (No., Street)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS (City, State, Zip Code)

\_\_\_\_-SEX\_\_\_\_\_  
M \_\_\_\_ F \_\_\_\_

RELATIONSHIP: SPOUSE: \_\_\_\_\_  
OTHER: \_\_\_\_\_

\_\_\_\_\_  
PERCENTAGE OF TOTAL BENEFITS TO BE PAID

3) \_\_\_\_\_  
NAME (Last, First, Middle Initial)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
ADDRESS (No., Street)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS (City, State, Zip Code)

\_\_\_\_-SEX\_\_\_\_\_  
M \_\_\_\_ F \_\_\_\_

RELATIONSHIP: SPOUSE: \_\_\_\_\_  
OTHER: \_\_\_\_\_

\_\_\_\_\_  
PERCENTAGE OF TOTAL BENEFITS TO BE PAID

If I have named more than one Primary Beneficiary, and if one or more of those Primary Beneficiaries fail to survive me, I direct that the death benefit be divided among my surviving Primary Beneficiaries in the ratio established by the percentages indicated. If the percentages do not add up to 100%, the benefit payable shall be allocated by the ratio of the percentages.

\* You must complete SECTION V - WAIVER FORM if you are married and you are designating as a Primary Beneficiary less than 100% of your benefit to your spouse.

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## SECTION IV - SECONDARY BENEFICIARY

If all of my Primary Beneficiaries designated in Section III die before I die, and if I fail to name a substitute Primary Beneficiary before my death, any benefit payable upon my death shall be paid to the following Secondary Beneficiary or Beneficiaries.

1) \_\_\_\_\_  
NAME (*Last, First, Middle Initial*) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS (*No., Street*) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS (*City, State, Zip Code*) \_\_\_\_\_ -----SEX-----  
M \_\_\_\_ F \_\_\_\_  
RELATIONSHIP: SPOUSE: \_\_\_\_\_  
OTHER: \_\_\_\_\_ PERCENTAGE OF TOTAL BENEFITS TO BE PAID \_\_\_\_\_

2) \_\_\_\_\_  
NAME (*Last, First, Middle Initial*) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS (*No., Street*) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS (*City, State, Zip Code*) \_\_\_\_\_ -----SEX-----  
M \_\_\_\_ F \_\_\_\_  
RELATIONSHIP: SPOUSE: \_\_\_\_\_  
OTHER: \_\_\_\_\_ PERCENTAGE OF TOTAL BENEFITS TO BE PAID \_\_\_\_\_

3) \_\_\_\_\_  
NAME (*Last, First, Middle Initial*) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS (*No., Street*) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
\_\_\_\_\_  
ADDRESS (*City, State, Zip Code*) \_\_\_\_\_ -----SEX-----  
M \_\_\_\_ F \_\_\_\_  
RELATIONSHIP: SPOUSE: \_\_\_\_\_  
OTHER: \_\_\_\_\_ PERCENTAGE OF TOTAL BENEFITS TO BE PAID \_\_\_\_\_

If I have named more than one Secondary Beneficiary, and if one or more of those Secondary Beneficiaries fail to survive me, I direct that the death benefit be divided among my surviving Secondary Beneficiaries in the ratio established by the percentages indicated. If the percentages do not add up to 100%, the benefit payable shall be allocated by the ratio of the percentages.

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**SECTION V - WAIVER FORM FOR MARRIED PARTICIPANT AND SPOUSE**

**(Complete this Section if you are married and a non-spousal Beneficiary is designated in Section III)**

Married Participant's Statement:

I, (*Insert Name*), do not wish to designate my Spouse as the Primary Beneficiary for any or all of my benefits payable under the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association (AFL-CIO) Severance and Annuity Plan (the "Plan") in the event of my death. I hereby state that the person co-signing this Section is my current legal spouse.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

Married Spouse's Statement:

I, (*Insert Name of Married Spouse*), state that I am the legal spouse of (*Insert Name of Participant*).

I acknowledge that I understand that in the event of a married Participant's death, this Plan is legally required to pay any benefit payable under the Plan to his or her surviving spouse unless the Participant and spouse waive this right and specifically designate another Primary Beneficiary. I also understand that the Participant may not name someone other than myself as his or her Primary Beneficiary under the Plan unless I either consent to the designation or waive my right to do so.

Please check one of the following:

I permit the Participant to change the beneficiary designated on this form without my further consent.

I do not permit the Participant to change the beneficiary on this form without my consent. I specifically consent to the Participant naming the beneficiary or beneficiaries in Section III.

I have been fully advised of my rights and knowingly make this waiver.

\_\_\_\_\_  
SPOUSE'S SIGNATURE\*

\_\_\_\_\_  
DATE

State of \_\_\_\_\_

County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

On the (*Insert Day*) day of (*Insert Month and Year*), before me came (*Insert Spouse's Name*), known to me to be the person who executed the foregoing statement in my presence.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
PLAN REPRESENTATIVE

\*Spouse's signature must be notarized or witnessed by a Plan Representative.

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**SECTION VI - NOTARY PUBLIC OR PLAN REPRESENTATIVE AFFIRMATION**

I hereby certify that all information contained in this form is true to my knowledge and that I understand that the execution of this form and delivery thereof to the Plan Administrator revokes all prior designation of beneficiaries that I have made.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

State of \_\_\_\_\_

County of \_\_\_\_\_

My Commission expires: \_\_\_\_\_

I affirm that on the *(Insert Day)* day of *(Insert Month and Year)*, before me came *(Participant's Name)*, known to me to be the person who executed the foregoing Beneficiary Designation Form in my presence.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
PLAN REPRESENTATIVE