

MARITIME ASSOCIATION – I.L.A. PENSION, WELFARE AND VACATION FUNDS
Beneficiary Designation Form

NOTE: The designations listed in this form will apply for the Maritime Association – I.L.A. Pension Plan, Maritime Association – I.L.A. Welfare Plan and Maritime Association – I.L.A. Vacation Plan. Beneficiary designations for the Maritime Association – I.L.A. Retirement Plan are on a separate form.

1. GENERAL INSTRUCTIONS

A newly completed and submitted beneficiary designation form will supersede all previous beneficiary designations. In the future, you may revoke the beneficiary designation and designate a different beneficiary by submitting a new form as instructed in section 3 below.

2. DESIGNATING YOUR BENEFICIARY

A beneficiary may be an individual, institution, estate or trust. To ensure that all beneficiaries are identified, list each by name. If you wish to designate your current children as beneficiaries and any children who may be born to you or legally adopted in the future, add the words “all my living children” in the name box following the last child listed. You are not limited to three primary and three contingent beneficiaries. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper. Your primary beneficiary cannot be your contingent beneficiary.

Please use whole percentages and be sure that the percentages for each group of beneficiaries total 100%. If you designate a trust as a beneficiary, please include the date the trust was created, and the trustee’s name. Unless otherwise specified by your plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary’s designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them.

Please note that the person that you name as your beneficiary under the Welfare Plan will also serve as the beneficiary with respect to the Maritime Association – I.L.A. Pension Plan, if applicable.

3. SUBMITTING YOUR BENEFICIARY DESIGNATIONS

You may submit a beneficiary designation form in any of the following ways:

By email: pvwoffice@ma-ila.org
By fax: 281-652-9061
By mail: Maritime Association – I.L.A. Pension, Retirement,
 Welfare and Vacation Funds
 11550 Fuqua Street, Suite 425
 Houston, TX 77034
In person: Same as mailing address

This form becomes effective when received by the Fund Office and will remain in effect until another completed and signed Beneficiary Designation Form is received by the Fund Office with a later date.

MARITIME ASSOCIATION – I.L.A.
PENSION, RETIREMENT, WELFARE AND VACATION FUNDS
 TELEPHONE 281-484-4343
 11550 FUQUA ST., SUITE 425
 HOUSTON, TEXAS 77034-4306



Beneficiary Designation Form

1. Member Information

Name: _____ SSN: _____ DOB: _____

Address: _____

City, State and Zip: _____ Phone Number _____

Marital Status (check one): Married Single Widowed

2. Beneficiary for Maritime Association – I.L.A. Welfare Plan

I hereby designate the person(s) named below as **primary** beneficiary(ies) under the Maritime Association – I.L.A. Welfare Plan upon my death: *****DO NOT NAME YOURSELF AS YOUR BENEFICIARY*****

*****MUST USE WHOLE PERCENTAGES TO TOTAL 100%*****

PRIMARY BENEFICIARY(IES)					
Name <i>First, MI, Last or Trust/Estate Name</i>	Full Address – Phone#	SSN	Date of Birth	Relationship	Percentage <i>Whole % Only</i>

If there is no primary beneficiary(ies) living at the time of my death, I hereby designate the following as my contingent beneficiary(ies) listed below. Please note: Your primary beneficiary cannot be your contingent beneficiary.

CONTINGENT BENEFICIARY(IES)					
Name <i>First, MI, Last or Trust/Estate Name</i>	Full Address – Phone#	SSN	Date of Birth	Relationship	Percentage <i>Whole % Only</i>

