# 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 – ILA 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	<u>1</u>					
Name: SSN: _		DOB:		B:		
Address:						
City, State and Zip:	Phone Number					
Marital Status (check one):	Married Single Widowed					
2. Beneficiary for Mari	time Association – I.l	L.A. Welfa	re Plan			
I hereby designate the person(s) I.L.A. Welfare Plan upon my dea	th: ***DO NOT NAME Y	OURSELF A	AS YOUR E	BENEFICIAR	Y***	
PRIMARY BENEFICIARY(I	ES)					
Name First, MI, Last or Trust/Estate Name	Full Address – Phone#	SSN	Date of Birth	Relationship	Percentage Whole % Only	
If there is no primary beneficiary contingent beneficiary(ies) listed beneficiary.						
CONTINGENT BENEFICIAL	RY(IES) Full Address – Phone#	CON	Date of	Relationship	Damaontoga	
Name First, MI, Last or Trust/Estate Name	ruii Address - Phone#	SSN	Birth	Keiauonsnip	Percentage Whole % Only	

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### 3. Beneficiary for Maritime Association – I.L.A. Vacation Plan

I hereby designate the person(s) named below as **primary** beneficiary(ies) under the Maritime Association – I.L.A. Vacation Plan upon my death:

PRIMARY BENEFICIARY(I Name	Full Address – Phone#	SSN	Date of	Relationship	Percentage
First, MI, Last or Trust/Estate Name	Full Address — I none	9914	Birth	Ttom.tom.smp	Whole % Only
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			*		
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f there is no primary beneficiary	(ies) living at the time of	my death,	I hereby desi	ignate the foll	owing as my
contingent beneficiary(ies) listed	l below. Please note: Yo	ur primary	beneficiary of	cannot be you	ir contingent
peneficiary.					
CONTINGENT BENEFICIAL					
Name	Full Address - Phone#	SSN	Date of Birth	Relationship	Percentage
First, MI, Last or Trust/Estate Name			Birth		Whole % Only
You (the member) must date	and sign the form he	low Vou	must provi	do an accon	table form
of photo identification with	inis jorm such us u vu	<u>iiu Drivei</u>	iicense, Fu	ואר זט דוטקצצו	mary ID.
Print Name	Signature			Date	
Finit name This form becomes effective who	Ç	Affica and w	zill romain in		other
completed and signed Beneficial					
ompleted and signed beneficial	y Designation Form is re	cerved by t	ne runa om	ee with a fate.	uate.
Please return to the Fund o	ffice viet				
		1 652 0061	* Email	woffice@ma	lo one
Mail: 11550 Fuqua Suite 425 Hou	ision, 1A //034* rax : 28	1-00/2-9001	Eman : pv	wornce(a/ma-)	na.org
-	POD OFFICE HOL	ONIT W	_		
	FOR OFFICE USI	UNLY	•		

Photo Identification Received with Form: Yes \_\_\_\_\_ No \_\_\_\_

Fund Office Representative Initials:

Date