

Instructions for Completing 401(k) Plan Beneficiary Form

Complete this form only if:

- ❖ You work for an Employer who participates only in the MEBA 401(k) Plan.
- ❖ You are single.
- ❖ You are married but want someone other than your spouse to be your beneficiary.

General Information:

- ❖ If you marry after completing this form, this beneficiary designation is automatically canceled and your new spouse will be your beneficiary unless you complete a new designation form.
- ❖ If a married Employee dies with a balance in his/her MEBA 401(k) Plan account, the balance will be paid to the Employee's surviving spouse unless the Employee designates a different Beneficiary by completing this Form and the spouse consents to the designation. If a single Employee dies with a balance in his/her 401(k) Plan account, the balance will be paid to the Beneficiary designated on this Form.
- ❖ The MEBA 401(k) Plan Summary Plan Description sets forth the rules for payout of a 401(k) Plan account if an Employee does not have a valid Beneficiary Designation Form on file, or if the designated Beneficiary cannot be found.
- ❖ If you designate a trust as your Beneficiary, you must provide to the Plan Administrator herewith either a copy of the trust and a written promise to provide all amendments-or-a certified list of all beneficiaries (with DOB, SSN, and address) and a written promise to update the list and to provide a copy of the trust on demand.
- ❖ If married and the named Beneficiary is not your spouse, spousal consent must be received.
- ❖ I revoke all previous beneficiary designations and make the designation of beneficiary(ies) shown below with respect to benefits provided now or at any time in the future under the above Plan, still reserving to myself the privilege of making other and future changes subject to the Plan provisions.
- ❖ If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive me, unless otherwise provided herein. If no beneficiary survives me, settlement will be made in accordance with the provisions of the Plan.

MEBA 401(k) PLAN BENEFICIARY DESIGNATION FORM

COMPLETE BOTH PAGES OF THIS FORM, SIGN AND DATE WHERE INDICATED, AND RETURN TO THE PLAN OFFICE IN BALTIMORE

Member Name	Last Name			First Name			Initial
Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	/ /			Sex		<input type="checkbox"/> Male	
	Month	Day	Year	(Check One)		<input type="checkbox"/> Female	
Daytime Telephone Number	(Area Code:) <input type="text"/>			- <input type="text"/>		<input type="text"/>	
Evening Telephone Number	(Area Code:) <input type="text"/>			- <input type="text"/>		<input type="text"/>	
E-mail address (If applicable)	<input type="text"/>						
Affiliation (Check One)	<input type="checkbox"/> APL POID Employee		<input type="checkbox"/> District No. 1-PCD, MEBA (sailing engineers)				
	<input type="checkbox"/> Plan Employee		<input type="checkbox"/> Other:				
	<input type="checkbox"/> Union Employee						
Active/Pensioner (Check One)	<input type="checkbox"/> Active		If Actively Employed:				
	<input type="checkbox"/> Pensioner		Name of Present Employer:				
Marital Status (Check One)	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated		
Date Married, Divorced, Legally Separated or Widowed:	/ /						
	Month	Day	Year				
Permanent Address (Home of Record):	Number & Street						
	City, State, Zip						
Mailing Address (if different than Permanent Address above):	Number & Street						
	City, State, Zip						

BENEFICIARY DESIGNATION:

I designate the following person(s) as my beneficiary (ies) to receive benefits which may be payable from the MEBA Medical and Benefits Plan upon my death. I revoke all previous beneficiary designations and make the designation of beneficiary(ies) shown below with respect to benefits provided now or at any time in the future under the above Plan, still reserving to myself the privilege of making other and future changes subject to the Plan provisions. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated beneficiaries (or beneficiary) as survive me, unless otherwise provided herein. If no beneficiary survives me, settlement will be made in accordance with the provisions of the Plan. **NOTE: Co-beneficiaries receive proceeds in equal shares, unless otherwise indicated. Contingent Beneficiary is the person who will receive the proceeds if the primary beneficiary should predecease the person whose life is insured.**

Name: Check One: <input type="checkbox"/> Beneficiary <i>or</i> <input type="checkbox"/> Co -Beneficiary	Last Name							First Name			Initial		Relationship		
	Address of Beneficiary							Number & Street			City		State		Zip
Beneficiary's Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Percent (%) of Benefit:	_____ %		
Date of Birth	/ /			Sex		<input type="checkbox"/> Male									
	Month	Day	Year	(Check One)		<input type="checkbox"/> Female									

CO-BENEFICIARY (IES) OR CONTINGENT BENEFICIARY (IES)

Name: Check One: <input type="checkbox"/> Co-Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary	Last Name First Name Initial Relationship			
Address of Beneficiary	Number & Street		City	State Zip
Beneficiary's Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Percent (%) of Benefit: _____ %
Date of Birth	_____ / _____ / _____ Month Day Year		Sex (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name: Check One: <input type="checkbox"/> Co-Beneficiary <i>or</i> <input type="checkbox"/> Contingent Beneficiary	Last Name First Name Initial Relationship			
Address of Beneficiary	Number & Street		City	State Zip
Beneficiary's Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Percent (%) of Benefit: _____ %
Date of Birth	_____ / _____ / _____ Month Day Year		Sex (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	

(Attach a separate sheet to your 401(k) Plan Beneficiary Form if you have more than two Co-Beneficiaries)

Signature of Employee	Date
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**FORM IS NOT VALID IF NOT SIGNED AND DATED BY PARTICIPANT.
FORM WILL BE RETURNED IF NOT SIGNED AND DATED.**

SPOUSAL CONSENT:

I am the spouse of the Employee named on this Beneficiary Designation Form. I understand that if my spouse dies with a balance remaining in his/her MEBA 401(k) Plan account, I will receive the entire remaining account balance UNLESS I consent to my spouse naming a different Beneficiary. If I give my consent, I acknowledge that upon my spouse's death, his/her 401(k) account balance will be paid to the Beneficiary (ies) listed on this Form and NOT to me. I hereby consent to my spouse naming the Beneficiary(ies) listed on this Form to receive his/her 401(k) Plan account balance upon my spouse's death.

SPOUSE'S SIGNATURE: _____ DATE: _____

STATE OF }

COUNTY OF }

ON THE _____ DAY OF _____, 20____, BEFORE ME PERSONALLY
 CAME _____, TO ME KNOWN TO BE THE INDIVIDUAL DESCRIBED IN AND
 WHO EXECUTED THE FOREGOING BENEFICIARY DESIGNATION CONSENT, AND HE/SHE ACKNOWLEDGED TO ME THAT
 HE/SHE EXECUTED THE SAME FOR THE PURPOSES SET FORTH HEREIN.

 NOTARY PUBLIC OF
 COMMISSION EXPIRES