

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.
- ❖ You may name a trust as a beneficiary provided (i) the trust is irrevocable or will become irrevocable upon your death, (ii) the trust is valid under applicable state law, and (iii) the beneficiaries of the trust are identifiable from the trust document.
- ❖ To name a trust as beneficiary, you must provide the Fund with (1) a copy of the Trust; (2) a statement from an attorney of the relevant state that the Trust is valid under applicable state law; (3) a list (name, DOB, SSN, and address) of all beneficiaries under the trust; and (4) a statement from you or your attorney confirming that the Fund will be provided with any amendments or updates to the Trust and/or the list of beneficiaries; and (5) any other information reasonably requested by the Fund.
- ❖ 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) on the following page 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.

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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					
Date of Birth (MM/DD/YYYY)		Sex (Select One)	Male		
			Female		
Daytime Telephone Number	()				
Evening Telephone Number	()				
E-mail address (If applicable)	@				
Affiliation (Select One)	APL POID Employee Plan Employee Union Employee		District No. 1-PCD, MEBA (sailing engineers) Other:		
Active/Pensioner (Select One)	Active Pensioner	If Actively Employed Name of Present Employer:			
Marital Status (Select One)	Single	Married	Widowed	Divorced	Legally Separated
Date Married, Widowed, Divorced or Legally Separated: (MM/DD/YYYY)		Married	Widowed	Divorced	Legally Separated
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 401(k) 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: Select One: Beneficiary <i>or</i> Co -Beneficiary				
	Last Name	First Name	Initial	Relationship
Address of Beneficiary				
	Number & Street	City	State	Zip
Beneficiary's Social Security Number			Percent (%) of Benefit:	_____ %
Date of Birth (MM/DD/YYYY)		Sex (Select One)	Male	
			Female	

Co-BENEFICIARY (IES) OR CONTINGENT BENEFICIARY (IES)

Name: Select One: Co-Beneficiary <i>or</i> Contingent Beneficiary				
Address of Beneficiary				
Beneficiary's Social Security Number		Percent (%) of Benefit:		_____ %
Date of Birth (MM/DD/YYYY)		Sex (Select One)	Male Female	
Name: Select One: Co-Beneficiary <i>or</i> Contingent Beneficiary				
Address of Beneficiary				
Beneficiary's Social Security Number		Percent (%) of Benefit:		_____ %
Date of Birth (MM/DD/YYYY)		Sex (Select One)	Male 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