

MEBA VACATION PLAN

1007 EASTERN AVENUE, BALTIMORE, MD 21202-4345

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MEBA VACATION PLAN BENEFICIARY DESIGNATION FORM

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

SECTION 1: PARTICIPANT INFORMATION

Name _____ SSN _____

Address _____ Date of Birth _____

SECTION 2: BENEFICIARY INFORMATION

I hereby designate the following person(s) as my beneficiary(ies) for my MEBA Vacation Plan benefits in the event of my death prior to my receiving all of my accrued vacation benefits. 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 MEBA Vacation Plan. If more than one beneficiary is designated, payment will be made in equal shares to such designated beneficiaries as survive me, unless otherwise provided herein (total must equal 100%). If no beneficiary survives me, payment will be made in accordance with the Vacation Plan Rules and Regulations. Attach a separate sheet to this form if you wish to designate more than two Beneficiaries for your MEBA Vacation Plan benefits.

Beneficiary #1 _____ SSN _____

Address _____

Date of Birth _____ Relationship _____

Percent of Benefit ____%

Beneficiary #2 _____ SSN _____

Address _____

Date of Birth _____ Relationship _____

Percent of Benefit ____%

DATE

PARTICIPANT'S SIGNATURE