ILWU-PMA WELFARE PLAN BENEFICIARY DESIGNATION FORM

Registration No. _____ Local _____ Social Security No. _____-_____-_____

Employee or Pensioner Name_____
Last First Middle

GENERAL INSTRUCTIONS

1. This form must be completed and signed by the eligible active or retired longshoreman.
2. No Beneficiary Designation Form is effective until it is received by the Trustees.
3. Changes in beneficiary designation may be made at any time by submitting a new Beneficiary Designation Form to the Plan office.
4. The designated beneficiary may be any person or organization **except** any ILWU local, the ILWU International, and Pacific Maritime Association.
5. A longshoreman may designate more than one person or organization as primary beneficiary and specify the percentage of benefits payable to each. Use ***Section (i)*** to designate a person or organization as primary beneficiary.
6. A longshoreman may designate a Living Trust as primary beneficiary. Before benefits are paid to a Living Trust, certification from the Trustee of the Living Trust will be required that the Living Trust was valid and was not revoked. Use ***Section (ii)*** to designate a Living Trust as primary beneficiary and provide a copy of the Trust Abstract or signature page as proof of the Trust's validity.
7. A longshoreman may specify a contingency beneficiary to take the place of a primary beneficiary who is deceased or otherwise unqualified to receive the benefit. Use ***Section (iii)*** to designate a contingency beneficiary if desired.
8. If no valid designation is made, benefits are paid under the laws of the State of California and as provided in the agreement between the Trustees of the Welfare Plan and the Insurance Company.

I hereby designate the following to receive ILWU-PMA Welfare Plan Program I and II life/accidental death benefits that are payable in the event of my death:

Section (i) - Primary Beneficiary (Person(s) or Organization)

Percentage of Benefits
(*total must equal 100%*)

- Name_____ Relationship_____
  Address_____ _____%
  Street City State Zip Code
  Social Security No. _____-_____-_____ Date of Birth_____
  Email Address _____

- Name_____ Relationship_____
  Address_____ _____%
  Street City State Zip Code
  Social Security No. _____-_____-_____ Date of Birth_____
  Email Address _____

- Name_____ Relationship_____
  Address_____ _____%
  Street City State Zip Code
  Social Security No. _____-_____-_____ Date of Birth_____
  Email Address _____

- Name_____ Relationship_____
  Address_____ _____%
  Street City State Zip Code
  Social Security No. _____-_____-_____ Date of Birth_____
  Email Address _____

(Over)

Section (ii) - Primary Beneficiary (Living Trust)

A copy of Trust Abstract or signature page should be attached to this form. Living Trust must be valid and must not have been revoked.

Name of Trust_____

Date of Trust_____ Trustee_____

Address_____
Street City State Zip Code

Section (iii) - Contingency Beneficiary (optional)

In the event no primary beneficiary is alive or qualified, benefits will be payable to the contingency beneficiary if named.

Percentage of benefits

- Name_____ Relationship_____

  Address_____ _____%
  Street City State Zip Code

  Social Security No. _____-_____-_____ Date of Birth_____

  Email Address _____

- Name_____ Relationship_____

  Address_____ _____%
  Street City State Zip Code

  Social Security No. _____-_____-_____ Date of Birth_____

  Email Address _____

- Name_____ Relationship_____

  Address_____ _____%
  Street City State Zip Code

  Social Security No. _____-_____-_____ Date of Birth_____

  Email Address _____

Section (iii) total must equal 100%

_____ _____
Signature of Longshoreman *Reg.No.* *Date*

(_____) _____ _____
Telephone *Email Address*

Mail completed, signed form to: ILWU-PMA Benefit Plans
1188 Franklin Street, Suite 101
San Francisco, CA 94109