

Inlandboatmen's Union of the Pacific National Health Benefit Trust

Life Insurance Beneficiary Designation Form

Group # 144184-A, Division 0001, BC 01 Seafood Worker's

Name: _____ Social Security #: _____ Gender: M F

Address: _____ Birth Date: _____ Phone: _____

BENEFICIARY DESIGNATIONS

List your beneficiaries below, along with all the requested information. If you need more space to list all of your beneficiaries, attach a separate sheet and write "See Attached" on this form. If you do not return this form, benefits will be defaulted in the following order: spouse, children, parents, siblings, the Estate.

Your Primary Beneficiaries:

PLEASE PRINT Name (Last, First, MI)	Address	SSN	Relationship	Percent of Benefit
Total of all primary beneficiaries must equal 100%				100%

Your Secondary Beneficiaries: ***

Name (Last, First, MI)	Address	SSN	Relationship	Percent of Benefit
Total of all secondary beneficiaries must equal 100%				100%

- ◆Your designation revokes all prior designations.
- ◆If you name one beneficiary, that person will receive 100% of the benefit. If you name more than one beneficiary, each will receive equal shares unless you designate otherwise.
- ◆Benefits are paid to your secondary beneficiary(ies) only if your primary beneficiary(ies) predeceases you. In this event, if you have not named a secondary beneficiary, benefits would be paid in the following order: spouse, children, parents, siblings, the Estate. *If you assign varying percentages to your beneficiaries, be sure the total of all percentages for your primary beneficiaries equals 100%, and the total of all percentages for your secondary beneficiaries equals 100%.*
- ◆If a minor, or your estate, is the Beneficiary, it may be necessary to have a guardian or legal representative appointed by the court before any benefits can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Smith, Trustee under the trust agreement dated _____."
- ◆A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions consult your legal advisor.

Signature: _____