

**New Orleans Employers - International Longshoremen's  
Association, AFL-CIO Pension Plan ("Plan")**

**DESIGNATION OF BENEFICIARY FOR 10 YEAR CERTAIN  
PRERETIREMENT DEATH BENEFIT FOR SINGLE PARTICIPANTS**

**Please check any of the following that apply:**

- I am not married.
- I am legally separated under the laws of the State of \_\_\_\_\_ and will provide satisfactory proof of the same to Plan's Administrative Manager.
- I am married but my spouse cannot be located. I will provide satisfactory proof and all information concerning my spouse's whereabouts to the Plan's Administrative Manager.
- I have been abandoned by my spouse as confirmed by court order, a copy of which will be provided to the Plan's Administrative Manager.

***Beneficiary Designation for 10 Year Certain:*** I hereby designate the following person or persons as my *beneficiary* for the purpose of receiving any *10 Year Certain* preretirement death benefit that becomes payable under the Plan at my death. If more than one person is named, they will share equally unless I state otherwise. I understand that if no one I have designated survives me, my *beneficiary* will be determined in accordance with the Plan's *beneficiary* presumptions.

I also understand that if I become married in the future, my spouse may have certain rights in any preretirement death benefit that becomes payable under the Plan, and that my designation of a non-spouse *beneficiary* will not be valid without the written consent of my spouse. I will notify the Plan's Administrative Manager of a change in marital status and request any necessary forms related to payment of the preretirement death benefit.

1.

\_\_\_\_\_  
Print Name of Beneficiary, Current Relationship & Interest If Other Than Equal

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

2.

\_\_\_\_\_  
Print Name of Beneficiary, Current Relationship & Interest If Other Than Equal

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

3.

\_\_\_\_\_  
Print Name of Beneficiary, Current Relationship & Interest If Other Than Equal

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Participant's Signature Confirming Beneficiary Designation**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date of Birth**

Return Completed Forms to:  
Administrative Manager  
New Orleans Employers – ILA, AFL-CIO Pension Plan  
721 Richard Street, Suite B  
New Orleans, LA 70130-4505  
(504) 525-0309