

HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(k) RETIREMENT SAVINGS PLAN  
c/o BENEFIT & RISK MANAGEMENT SERVICES, INC.  
560 NORTH NIMITZ HIGHWAY, SUITE 209 HONOLULU, HI 96817

**DESIGNATION OF BENEFICIARY FORM**

**I. PARTICIPANT INFORMATION**

\_\_\_\_\_  
PARTICIPANT'S LAST NAME                      FIRST NAME                      M.I.                      S.S. NUMBER

\_\_\_\_\_  
MAILING ADDRESS                      CITY                      STATE                      ZIP CODE

MARITAL STATUS:                      SINGLE / MARRIED                      PHONE NO. \_\_\_\_\_

**II. DESIGNATION OF BENEFICIARY (THIS SECTION MUST BE COMPLETED)**

(Note: If you are married, your pre-retirement death benefits are automatically paid to your surviving spouse. If you are designating someone other than your spouse you must also complete section III.)

\_\_\_\_\_  
BENEFICIARY'S LAST NAME                      FIRST NAME                      M.I.                      S.S. NUMBER

\_\_\_\_\_  
MAILING ADDRESS                      CITY                      STATE                      ZIP CODE

RELATIONSHIP: \_\_\_\_\_                      PHONE NO. (     ) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT                      DATE SIGNED

**III. COMPLETE THIS SECTION ONLY IF YOU ARE MARRIED AND SELECTING SOMEONE OTHER THAN YOUR SPOUSE**

If you are married and you have designated someone other than your spouse as your beneficiary, your spouse must consent to your designation by completing the following statement, and the signatures of both you and your spouse must be witnessed by a notary public.

I understand that by consenting to such a designation I shall not be entitled to any pre-retirement death benefits from the Plan and that such designation will not be effective if I do not give my consent to such designation. I give my consent freely and without any duress or undue influence.

\_\_\_\_\_  
SPOUSE'S SIGNATURE                      DATE SIGNED

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE                      DATE SIGNED

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they duly executed the same as their free act and deed.

\_\_\_\_\_  
Notary Public, State of Hawaii  
My Commission Expires: \_\_\_\_\_