

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 - MULTIPLE**

**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**

(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 contact the Administrator at the address listed above.)

_____ BENEFICIARY'S LAST NAME	_____ FIRST NAME	_____ M.I.	_____ S.S. NUMBER
_____ MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
RELATIONSHIP: _____	PERCENTAGE OF ACCOUNT BALANCE _____ %		
_____ SIGNATURE OF PARTICIPANT	_____ DATE SIGNED		

_____ BENEFICIARY'S LAST NAME	_____ FIRST NAME	_____ M.I.	_____ S.S. NUMBER
_____ MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
RELATIONSHIP: _____	PERCENTAGE OF ACCOUNT BALANCE _____ %		
_____ SIGNATURE OF PARTICIPANT	_____ DATE SIGNED		

_____ BENEFICIARY'S LAST NAME	_____ FIRST NAME	_____ M.I.	_____ S.S. NUMBER
_____ MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
RELATIONSHIP: _____	PERCENTAGE OF ACCOUNT BALANCE _____ %		
_____ SIGNATURE OF PARTICIPANT	_____ DATE SIGNED		