**DESIGNATION OF BENEFICIARY FORM**

Name:

Date of Birth:

You have agreed to designate the following persons as your beneficiaries to receive any benefit which may become due in accordance with the terms and conditions of the Agreement. You reserve the right to change this destination of beneficiary. Any change will be effective only upon delivery of an executed, dated and witnessed form to the Company.

This designation revokes any and all prior designations which may be in effect. In the absence of a designation or if a designated beneficiary has predeceased you, payment of any benefits under the Agreement will be made in the following order of precedence:

1. To your widow or widower;
2. If none, to your child or children equally, and descendants of deceased children by representation;
3. If none, to your parents, equally, or to the surviving parent;
4. If none, to the personal representative of your estate;
5. If none, to your next of kin who are entitled to your estate under the laws of intestate succession in the country in which you resided at the time of your death.

|  |
| --- |
| Primary Beneficiary (One person only – cannot be an estate or a trust)  Name:  Address:  City: Country:  Relation to Employee: Telephone Number:  Alternate Beneficiary (in the event the primary beneficiary predeceases employee)  Name:  Address:  City: Country:  Relation to Employee: Telephone Number: |

I hereby designate the above to be the Primary Beneficiary and Alternate Beneficiary of any benefits to which I may be entitled pursuant to the Agreement. I understand that this form and any further Designation of Beneficiary Form will only become effective upon acknowledgement of receipt at the principal offices of the Company.

**Crew Member:**

**Witness:** **Date:**

**Acknowledged and accepted by:**

**Camilla Bock**

**Vice President, Shipboard HR**

**Phone: +1(954) 478-6096**