

SEAFARERS MONEY PURCHASE PENSION PLAN

5201 Auth Way, Camp Springs, Maryland, 20746
(800) 252-4674 or (301) 899-0675

APPLICATION FOR PENSION BENEFIT

This form is for pension benefits only. If you are applying for a death benefit, or if you are applying for either the In-Service Pension Benefit (age 70 or over) or the mandatory minimum distribution (over age 70 ½), you must use a different application form. Please call the Plan office to request the proper application form.

Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. If any part of this application is not entirely clear, please contact the Plan office for assistance, at the above phone number between 9:00 a.m. and 5:00 p.m. EST, Monday through Friday.

I hereby make application for benefits from the Seafarers Money Purchase Pension Plan. I make the following statements and representations to the Trustees of the Fund with the knowledge that they will rely on this information in approving payment.

- 1) Participant's Name _____
FIRST MIDDLE INITIAL LAST
- 2) Address _____
NUMBER AND STREET CITY STATE ZIP CODE
- 3) Social Security Number _____ 4) Phone Number (____) _____
- 5) Date of Birth ____/____/____ (Submit birth certificate if monthly Joint and Survivor Benefit is Chosen)
- 6) Marital Status: [] Single [] Married [] Divorced [] Widowed
(Submit marriage certificate) (Submit Divorce Decree/QDRO) (Submit Death Certificate)
- 7) Spouse's Name _____ Spouse's Date of Birth _____
(Submit birth certificate if monthly Joint and Survivor Benefit is chosen.)
- 8) Union Affiliation [] SIU [] SMU [] UIW [] SEATU [] NMU [] GLTD

Type of Benefit - Please check Account(s) you wish to receive money from and indicate Date of Event.

- 9) **Employer Contribution Account []**
 - a) **Choose Type:** _____ Normal Retirement (Age 55 & over) _____ Date of Retirement
- Proof of cessation of employment in the maritime industry required by signing Cessation of Employment declaration.
 - _____ Total & Permanent Disability _____ Date of Disability (Submit Social Security Disability Award)
- Proof of cessation of employment in the maritime industry required by signing Cessation of Employment declaration.
 - _____ Withdrawal Benefit –
- Proof of cessation of employment in the maritime industry required by signing Cessation of Employment declaration.
- Must be out of the Industry for at least Twelve (12) Months.
 - b) **Election of Benefit Form**
- If your account balance is less than \$5,000, it will be paid to you in one lump sum payment.
- If balance is \$5,000 or more, you may elect the form of payment:

Choose One: _____ **One Lump Sum Payment** (20% Federal Withholding Tax Applies)
_____ **Ten (10) Equal Annual Payments**
_____ **Monthly Joint & 50% Survivor Benefit** (payable for the joint lives of you and your spouse), in the amount of \$ _____ per month, commencing on ____/____/____. And upon your death, your spouse will receive \$ _____ per month, commencing the month following your death, during his/her lifetime. You and your spouse must submit a copy of birth certificates.
_____ **Monthly Joint & 75% Survivor Benefit** (payable for the joint lives of you and your spouse), in the amount of \$ _____ per month, commencing on ____/____/____. And upon your death, your spouse will receive \$ _____ per month, commencing the month following your death, during his/her lifetime. You and your spouse must submit a copy of birth certificates & marriage certificate.
_____ **Direct Rollover to another Qualified Plan** (You must provide Rollover information on next page along with a rollover authorization form signed by you and a representative of the company you are sending your money to.)

- 10) **Voluntary Contribution Account []**
 - a) _____ **Payout Benefit** – Available once every 18 months.
 - b) **Election of Benefit Form** – It can be paid as follows:

Choose One: _____ **One Lump Sum Payment**
of Voluntary Contribution Account Balance or a partial withdrawal from your Voluntary Contribution Account in the amount of \$ _____.
_____ **Ten (10) Equal Annual Payments**

