



**ELECTIVE DEFERRAL/WITHHOLDING AUTHORIZATION ENROLLMENT FORM**

**AMERICAN MARITIME OFFICERS 401(k) PLAN**

- Subject to the provisions of the American Maritime Officers (AMO) 401(k) Plan you may elect to defer on a Pre-Tax basis (Elective Deferral Contribution) and/or an After-Tax basis (Voluntary After-Tax Contribution) a percentage of your compensation for each payroll period and authorize your employer or your employer and the AMO Vacation Plan to withhold such amount(s) and pay them to the Plan.
- If you are employed by multiple AMO signatory employers, you are required to complete this form for each employer.

**SECTION 1 INFORMATION (Please print and complete all required information)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status:  Single  Married Employer: \_\_\_\_\_

**SECTION 2 PURPOSE OF FILING**

- New enrollment  Re-enrollment  I do not wish to participate at this time  
 Change contribution %  Elect to suspend  Change personal data

**SECTION 3 PRE-TAX DEFERRAL**

A. I authorize the deduction of \_\_\_\_\_% of my compensation for the Pre-Tax salary deferral portion of my account, subject to the requirements and limitations of the Plan. Please mark appropriate box below:

- Employer Payroll only *or*  Employer Payroll and AMO Vacation Benefit

B. I authorize the deduction of \_\_\_\_\_% of my compensation for the Roth 401(k) After-Tax deduction portion of my account, subject to the requirements and limitations of the Plan. Please contact our Smith Barney Financial Consultants at 1-800-975-7061 for information or questions regarding the Roth 401(k) option. Please mark appropriate box below:

- Employer Payroll only *or*  Employer Payroll and AMO Vacation Benefit

*Note: The sum of the Pre-Tax salary deferral (A.) and the Roth 401(k) deduction (B.) cannot exceed the annual Pre-Tax deferral limit.*

C. I authorize the deduction of \_\_\_\_\_% or \$ \_\_\_\_\_ amount of my compensation for the Catch-Up Pre-Tax deduction portion of my account, subject to the requirements and limitations of the Plan. **Catch-Up Contributions are available for participants age 50 or older during the calendar year who reach the Internal Revenue Code or Plan limits for contributions for the plan year.** Please mark appropriate box below:

- Employer Payroll only *or*  Employer Payroll and AMO Vacation Benefit

**SECTION 4 AFTER-TAX CONTRIBUTION**

A. I authorize the deduction of \_\_\_\_\_% of my compensation for the After-Tax Contribution portion of my account, subject to the requirements and limitations of the Plan. Please mark appropriate box below:

- Employer Payroll only *or*  Employer Payroll and AMO Vacation Benefit

**SECTION 5 AUTHORIZATIONS**

**PARTICIPANT:** I understand and agree that the Plan, due to certain Internal Revenue Code limitations, may reduce or eliminate any payroll deductions. I understand if I choose Employer Payroll and AMO Vacation Benefit an equal % of withholding will be deducted from my payroll and my vacation benefits. I understand this compensation withholding authorization shall remain in effect unless I give a written modification or termination of its terms to my employer and/or the AMO Vacation Plan prior to the commencement of a new payroll period. The amount you elect to withhold from your pay may not exceed any limitations under the Plan. Your Summary Plan Description will describe any limits on the amount you can contribute to the Plan.

I hereby attest that I have reviewed this document and that it is correct to the best of my ability.

Participant Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
*Please return form to employer for signature.*

**EMPLOYER:** If an employee chooses to make changes to the % deferrals, a new Elective Deferral/Withholding Authorization Enrollment form must be completed prior to the effective date of the change and sent to the AMO Plans.

Employer Signature: \_\_\_\_\_ Effective Date of Deferral: \_\_\_\_\_  
*Employer to return to AMO 401(k) Plan at 2 W. Dixie Highway, Dania Beach, FL 33004 or via facsimile at 954-922-7539.*

AMO 401(k) Plan:

Authorized Plan Representative Signature : \_\_\_\_\_ Date : \_\_\_\_\_



**\*\*NEW ENROLLEES ONLY\*\***

**SECTION 6 INVESTMENT SELECTION**

Only new contributions to the Plan will be allocated to the selections you choose. Please visit our website at [www.thebenefitsline.com](http://www.thebenefitsline.com) or call Ceridian at 1-888-742-0929 to make future changes to your investment selections.

**For new enrollment only, please enter the percent allocated to each fund below (Part A). Total allocations must equal 100% OR choose one of the following portfolios listed in Part B.**

**PART A – INVESTMENT ALLOCATION:**

- |   |  |
|---|--|
| _____ % MetLife                           | _____ % Dodge & Cox Balanced                   |
| _____ % WM Equity Income A                | _____ % PIMCO Total Ret Instl                  |
| _____ % Vanguard Inst Index               | _____ % Oppenheimer Develop Mkt A              |
| _____ % Davis NY Venture A                | _____ % MainStay Hi-Yield Corp Bond A          |
| _____ % Amer Funds Growth Fund R5         | _____ % Oppenheimer Intl Bond A                |
| _____ % Pioneer Mid-Cap Value A           | _____ % T. Rowe Price Pers Growth              |
| _____ % Mainstay Small Cap Oppor Fund I   | _____ % Fidelity Contrafund                    |
| _____ % Columbia Acorn USA Class Z Shares | _____ % Vanguard Mid Cap Index                 |
| _____ % Amer Funds EuroPac R5             | _____ % Munder MidCap Select A                 |
| _____ % Thornburg Intl Value R5           | _____ % Self Directed Brokerage Acct (max 20%) |
| _____ % Franklin Income A                 | <b><u>100 % TOTAL</u></b>                      |
| _____ % Dodge & Cox Stock                 |  |

**PART B – PORTFOLIOS :**

- Conservative     Moderate     Moderate Aggressive     Aggressive

For information regarding the portfolios please contact Ceridian's website [www.thebenefitsline.com](http://www.thebenefitsline.com) or call 1-888-742-0929. If you would like to establish an Individually Directed Account (IDA), you must complete an AMO 401(k) Plan Individually Directed Accounts (IDA) Participant Information form. Please contact Smith Barney Financial Consultants at 1-800-975-7061 for any investment related questions.

**PARTICIPANT AUTHORIZATION**

I acknowledge receipt of this form and understand and agree that the Plan, due to certain Internal Revenue Code limitations, may reduce or eliminate any payroll deductions. The amount you elect to withhold from your pay may not exceed any limitations under the Plan. Your Summary Plan Description will describe any limits on the amount you can contribute to the Plan.

I hereby attest that I have reviewed this document and that it is correct to the best of my ability.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Return completed Section (6) to:  
AMO 401(k) Plan  
2 West Dixie Highway  
Dania Beach, FL 33004-4312  
OR  
Fax to : (954)922-7539**