



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 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 | <u>100 % TOTAL</u> |
| _____ % Dodge & Cox Stock | |

PART B – PORTFOLIOS :

- Conservative Moderate Moderate Aggressive Aggressive

For information regarding the portfolios please contact Ceridian's website 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**