



AMERICAN MARITIME OFFICERS DEFINED CONTRIBUTION PLAN BENEFICIARY FORM

NOTICE: Upon your death, your entire account balance in the American Maritime Officers (AMO) Defined Contribution Plan will be automatically paid to your spouse, unless you designate otherwise. If you designate someone other than your spouse or if you designate someone in addition to your spouse as joint beneficiary, the notarized consent of your spouse is required.

SECTION 1 INFORMATION

Participant Data
(Please print)

Last: _____ First: _____ Middle: _____

_____/_____/_____
Social Security Number

Marital Status:
 Married Single
 Divorced Separated

SECTION 2 BENEFICIARY DESIGNATION

Primary and
Alternate
Beneficiary
Designation

I hereby designate as my **Primary Beneficiary(ies)**: (Additional names may be added by attaching an additional page.) Check here if additional page is SIGNED and attached.

Name Relationship Percentage

Name Relationship Percentage

Alternate Beneficiary(ies): If my primary beneficiary(ies) dies before me, distribute my Plan balance to my secondary beneficiary(ies) named below.

Name Relationship Percentage

Name Relationship Percentage

If none of the above named beneficiaries survive me, pay out any and all benefits under the Plan according to the provisions stated in the Plan Rules and Regulations.

SECTION 3 SPOUSAL CONSENT - This is only necessary if you are married and choosing someone other than your spouse as primary beneficiary or as joint beneficiary of your account balance. Spousal Consent MUST be witnessed by a Notary Public

Spousal Waiver

Notary Seal Here

I, _____ (spouse), acknowledge that I am entitled to 100% of my spouse's vested accrued benefit. I waive my right to such benefit and consent to the designation of the beneficiary(ies) set forth above. If I am not named above as a beneficiary, I will receive no benefit from this plan.

Spouse's Signature Date

On this ____ day of _____, 20____, _____ came before me, a Notary Public in and for the County of _____, in the State of _____ and swore that he/she is the person identified above and that he/she signed this form as his/her free act and deed.

Signed: _____ Date: _____ My commission expires: _____

SECTION 4 PARTICIPANT AUTHORIZATION

Authorization of
Beneficiary
Designation

I understand that the above beneficiary designation will remain in force in accordance with the provisions of the Plan or until I request a change in accordance with the provisions of the Plan.

Participant Signature Date



IMPORTANT INFORMATION

Note that if you elect someone other than your spouse as primary beneficiary or as joint beneficiary of your account balance, your spouse must read and sign the consent on the first page in the presence of a Notary Public. If you are under age 35, your designation of a non-spouse beneficiary becomes invalid on the beginning of the Plan Year in which you turn age 35. At that time, you must complete a new Beneficiary Designation Form with proper spousal consent in order to continue to name a non-spouse beneficiary(ies) under the Plan.

NOTICE OF PRE-RETIREMENT DEATH BENEFIT

If you die while employed, or after terminating employment but before receiving your Plan benefits, your benefits under the Plan will be paid in full to your designated beneficiary within a reasonable time after your death and in a time frame consistent with distributions to participants who retire or terminate employment. After your death but prior to payment of the benefit, your beneficiary (including your spouse, if applicable) shall receive a lump sum payment of the entire vested account balance.

If you designate a non-spouse beneficiary, your designation becomes invalid on the first day of the plan year in which you turn age 35. Your spouse will then become your beneficiary unless you complete a new Beneficiary Designation Form electing a non-spouse beneficiary. Your spouse must also consent in writing to your new designation before a Notary Public. Your spouse's consent must acknowledge the specific non-spouse beneficiary and is irrevocable, unless you designate another beneficiary at a later date.

In the event of your death and there is no beneficiary designated in accordance with the provisions of the Plan, or if the beneficiary(ies) designated can not be located or dies before you the account balance will be paid as follows:

1. to your spouse, or if there be none surviving,
2. to your children equally, or if there be none surviving,
3. to your parents equally, or if there be none surviving,
4. to your estate, or if there be none,
5. to any person who is an object of your natural bounty, as the Trustees, in their sole discretion, determine.

This notice is intended only as a summary of certain provisions of the Plan. In all cases where this notice may be interpreted to conflict with the Plan, the provisions of the Plan will control.

Return Form to:

American Maritime Officers Plans
Benefits Services Department
P.O. Box 35 • Dania Beach, FL 33004
Telephone: (800) 348-6515, Ext.14 / Fax: (954) 922-7539
Email: amopension@amoplans.com