



***AMERICAN MARITIME OFFICERS DEFINED CONTRIBUTION PLAN
SEVERANCE FROM EMPLOYMENT STATEMENT***

Date: _____

Board of Trustees
American Maritime Officers Plans
2 West Dixie Highway
Dania Beach, FL 33004

Gentlemen:

I am applying for a distribution from the American Maritime Officers Defined Contribution Plan (the "Plan") as a result of my severance from employment with any and all employers maintaining the Plan. I hereby certify that I have withdrawn completely from any further employment from such employers, including any employment with the American Maritime Officers or the American Maritime Officers Plans.

Social Security Number
(last 4 digits only)

Signature

Print Your Name

Date

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