

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

JOHN DOE
8 ENGLISH WAY
CAPE MAY COURTH, NJ 08210



AMERICAN MARITIME OFFICERS PLANS

MEDICAL – PENSION – MONEY PURCHASE BENEFIT – VACATION – SAFETY & EDUCATION – 401(K)

2 West Dixie Highway, Dania Beach, FL 33004 – 4312

Telephone: (954) 920-4247 or (800) 348-6515

Fax (954) 922-7539

Email: amopension@amoplans.com

April 25, 2011

JOHN DOE
8 ENGLISH WAY
CAPE MAY COURTH, NJ 08210

Dear JOHN DOE:

The American Maritime Officers Defined Contribution Plan (“DC Plan”) has been added to your current AMO Plans retirement portfolio and the first contributions for 2011 have been made.

Your 2011 DC Plan contribution percentage has been determined and is included for your review. Enclosed are the following documents regarding your participation in the DC Plan:

- Your 2011 DC Plan Percentage Determination Statement
- Designation of Beneficiary Form
- The AMO Defined Contribution Plan Information Booklet
- The Newport Group AMO Defined Contribution Plan Investment Options Booklet

Please review the enclosed documents, sign and return the **2011 DC Plan Percentage Determination Statement** to the Plans office no later than June 30, 2011. If you do not agree with your points that we have determined, please provide supporting documentation detailing any discrepancies. If discrepancies are found after: (1) we receive your signed statement or (2) June 30, 2011; adjustments to your points will be effective the first of the next calendar year we were notified of said discrepancy.

If you do not return your 2011 DC Plan Percentage Determination Statement by June 30, 2011, you will have been deemed to agree with our percentage determination and contributions will continue accordingly.

Should you have any questions, please contact the Benefits Department at the Plans office at (800) 348-6515, extension 14 or by email at amopension@amoplans.com.

Very truly yours,

Stacey Sundal
Director of Benefits
American Maritime Officers Plans

Enclosure(s): 4



American Maritime Officers Defined Contribution Plan

2 West Dixie Highway, Dania Beach, FL 33004

Phone: 954-920-4247/800-348-6515

Fax: 954-922-7539

Your Defined Contribution Plan 2011 Percentage Determination Statement

Statement Print Date: April 25, 2011

Your DC Plan contribution percentage will be based on your "points". Points are defined as the combination of your age (in full years), years of service with SIU*, and years of AMO service as detailed below. Listed below is the data used to determine your points for your 2011 contribution percentage. Your percentage will be adjusted annually as of January 1st each calendar year.

The information stated below is based on your age and employment data on record at the Plans office as of March 31, 2011. Any change to this data may result in a change to your contribution percentage.

DEMOGRAPHIC INFORMATION

Member Name:	JOHN DOE
Social Security #:	xxx-xx-3266
Date of Birth:	September 27, 1954

2011 DC PLAN POINTS DETERMINATION

Age as of 1/1/2011:	56.00
AMO Years of Service as of 12/31/2009:	17.75
AMO Service 1/1/2010 – 12/31/2010:	1.00
SIU Service:*	1.75
Total Points for 2011 (rounded):	77.00

* SIU service immediately prior to AMO covered employment will be counted up to a maximum of 10 years.

2011 DC PLAN CONTRIBUTION PERCENTAGE

Your Schedule 1 Contribution Percentage for 2011:	7.70%
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If you agree with the above data, please sign and return to the AMO Plans Benefits Department. If you disagree, please mark the changes on this form and return, along with additional support in the enclosed envelope to the Benefits Department for review. Any adjustments to your points will be retroactive to January 1, 2011.

If discrepancies are found after: (1) we receive your signed statement or (2) after June 30, 2011; adjustments to your points will be effective the first of the next calendar year we were notified of said discrepancy.

If you do not return the 2011 DC Plan Percentage Determination Statement by June 30, 2011, you will have been deemed to agree with our percentage determination and contributions will continue accordingly.

Participant Signature

Date

RETURN TO PLAN OFFICE NO LATER THAN JUNE 30, 2011

Return this Page to the Plans office
No Later than June 30, 2011



American Maritime Officers Defined Contribution Plan

2 West Dixie Highway, Dania Beach, FL 33004

Phone: 954-920-4247/800-348-6515

Fax: 954-922-7539

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PLEASE KEEP THIS COPY FOR YOUR RECORDS

Keep this copy for your records



**AMERICAN MARITIME OFFICERS DEFINED CONTRIBUTION PLAN
BENEFICIARY FORM**

NOTICE: Upon your death, your entire account balance in the 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



THE
NEWPORT
GROUP

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.

Please return form to:

American Maritime Officers Benefits Services
P.O. Box 35 • Dania Beach, FL 33004
Phone : (800) 348-6515 Ext 14
Fax (954) 922-7539