



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

NOTICE: 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: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

**SECTION 2 PURPOSE OF FILING**

- New enrollment
- Re-enrollment
- Change of or NEW Employer
- Change contribution %
- Elect to suspend

**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

*Note: The sum of the Pre-Tax salary deferral (A.) and the Roth 401(k) deduction (4A) cannot exceed the annual Pre-Tax deferral limit.*

B. 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 **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 (3A.) and the Roth 401(k) deduction (4A.) cannot exceed the annual Pre-Tax deferral limit.*

B. 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

C. I authorize the deduction of **an additional** \_\_\_\_\_% 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

*Note: This is in addition to the percentage of contribution made to either Pre-Tax or Roth contributions. (Combined, these must not exceed 75% of compensation)*

**SECTION 5 EXCESS PRE-TO-POST TAX CONTRIBUTIONS**

In the event my elective contributions reach the maximum limitations allowed under Section 402(g) and Section 414(v), if applicable, of the Internal Revenue Code during any calendar year, I hereby elect to have the same percentage of my wages withheld and contributed to the AMO 401(k) Plan as after-tax employee contributions for the calendar year. I understand that this election will remain in effect until revoked by me, and that I may revoke this election at any time by written notice to the AMO 401(k) Plan and my employer. Please mark appropriate box below:

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

**SECTION 6 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.

**Duty to review pay records.** I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer has properly implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the terms of the Plan.

**Participant Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

*Participant: Please return form to Employer for signature.*

**EMPLOYER:** If an employee chooses to make changes to the % deferrals, a new Enrollment form must be completed prior to the effective date of the change and sent to the AMO Plans. This change should be effective from the beginning of participants current payroll cycle---see Effective date below.

**Employer Signature:** \_\_\_\_\_ **Effective Date :** \_\_\_\_\_

*Employer: Please 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 :** \_\_\_\_\_

