



## 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 (Roth and/or 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 (if applicable) 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 Name: \_\_\_\_\_ 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:

- Employer Payroll only or  Employer Payroll and AMO Vacation Benefit (if applicable)

**Note: The sum of the Pre-Tax salary deferral (3A) and the Roth 401(k) deduction (4A) cannot exceed the annual IRS 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 (if applicable)

### 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 Morgan Stanley 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 (if applicable)

**Note: The sum of the Pre-Tax salary deferral (3A) and the Roth 401(k) deduction (4A) cannot exceed the annual IRS Pre-Tax deferral limit.**

B. I authorize the deduction of \_\_\_\_\_% or \$ \_\_\_\_\_ amount of my compensation for the Catch-Up After-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 (if applicable)

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 (if applicable)

**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 (if applicable)

### 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 I elect to withhold from my pay may not exceed any limitations under the Plan. The Summary Plan Description will describe any limits on the amount I can contribute to the Plan.

**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 deferral %, 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: Two W. Dixie Highway, Dania Beach, FL 33004 or via facsimile at 954-922-7539.*

**AMO 401(k) Plan Authorized Plan Representative Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_



**SECTION 7 INVESTMENT SELECTION – Note: For New Enrollees Only**

Only new contributions to the Plan will be allocated to the selections you choose. Please visit [www.plandestination.com](http://www.plandestination.com) or call The Newport Group at 1-800-650-1065 to make future changes to your investment selections. If you already have an AMO 401k account established and wish to make changes to your investment selections you can do this at any time by visiting [www.plandestination.com](http://www.plandestination.com) or call 1-800-650-1065.

**Please enter the percent allocated to each fund in Part A**

**OR**

**choose one of the Model Portfolios listed in Part B.**

*Note: If you already have an AMO 401(k) account established you do not need to complete Section 7*

**PART A – INVESTMENT ALLOCATION: (Total allocations must equal 100%)**

- |  |  |
|--|--|
| _____ % Amer Funds EuroPac R5                | _____ % MetLife  |
| _____ % Amer Funds Growth Fund R5            | _____ % Munder MidCap Select A                               |
| _____ % Blackrock Energy & Resources         | _____ % Oppenheimer Develop Mkt A                            |
| _____ % Blackrock Inflation Protected Bond A | _____ % Oppenheimer Intl Bond A                              |
| _____ % Columbia Acorn USA Class Z Shares    | _____ % PIMCO Total Ret Instl                                |
| _____ % Columbia Small Cap Value II          | _____ % Principal Investors Equity Income                    |
| _____ % Davis NY Venture A                   | _____ % Individually Directed Brokerage Acct (IDA) (max 20%) |
| _____ % Dodge & Cox Balanced                 | _____ % Thornburg Intl Value R5                              |
| _____ % Dodge & Cox Stock                    | _____ % T. Rowe Price Pers Growth                            |
| _____ % Fidelity Contrafund                  | _____ % Vanguard Inst Index                                  |
| _____ % First American Real Estate A         | _____ % Vanguard Mid Cap Index                               |
| _____ % Franklin Income A                    | _____ % Victory Established Value A                          |
| _____ % MainStay Hi-Yield Corp Bond A        |  |

**PLEASE MAKE A SELECTION FROM PART A OR PART B**

**PART B – PORTFOLIOS:**

- Conservative    Moderate    Moderate Aggressive    Aggressive

For information regarding the model portfolios please contact The Newport Group’s website [www.plandestination.com](http://www.plandestination.com) or call 1-800-650-1065. 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 our Morgan Stanley Smith Barney Financial Consultants at 1-800-975-7061 for any IDA, model portfolio or investment related questions.

**SECTION 8 PARTICIPANT AUTHORIZATION**

I understand and agree that the Plan, due to certain Internal Revenue Code limitations, may reduce or eliminate any payroll deductions. The amount I elect to withhold from my pay may not exceed any limitations under the Plan. The Summary Plan Description will describe any limits on the amount I can contribute to the Plan.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

Print Name : \_\_\_\_\_

**Participant:** Please forward your completed Enrollment Form and Section 7 Investment Selection to your Employer  
(Note: Section 7 only applies if you are a New Enrollee and do not have an AMO 401(k) account established)

**Employer:** Please sign, date and forward the completed Enrollment Form and Section 7 Investment Selection (only if New Enrollee) to AMO 401(k) Plan or via Fax (954) 922-7539.

**Return Form to:**

American Maritime Officers 401k Plan  
2 West Dixie Highway, Dania Beach, FL 33004