



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 and/or 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 CONTRIBUTION

I authorize the deduction of _____% of my compensation for the **Pre-Tax contribution** 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 contribution (Section 3) and the Roth 401(k) contribution (Section 4A) cannot exceed the annual IRS Pre-Tax deferral limit.

SECTION 4 AFTER-TAX CONTRIBUTION

A. I authorize the deduction of _____% of my compensation for the **Roth 401(k) After-Tax contribution** 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 contribution (Section 3) and the Roth 401(k) contribution (Section 4A) cannot exceed the annual IRS Pre-Tax deferral limit.

B. 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 and/or Roth contributions. (Combined, these must not exceed 75% of compensation)

SECTION 5 EXCESS PRE-TO-AFTER 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 MAXIMUM DEFERRALS/CATCH-UP

My deferrals for any calendar year may not exceed the "402(g) limit", unless I am age 50 or older (or will attain age 50) during the calendar year in which I defer. If I am or will attain age 50 during the calendar year, I may make additional deferrals, called "catch-up" contributions, in an amount not exceeding the applicable annual catch-up limit. For 2012, the 402(g) limit is \$17,000 and the catch-up limit is \$5,500. The 402(g) limit and catch-up limit are indexed for inflation after 2012. My deferrals, including "catch-up" contributions, may not exceed 100% of my compensation.

SECTION 7 PARTICIPANT AUTHORIZATION

I understand and agree to the following: (1) the Plan, due to certain Internal Revenue Code limitations, may reduce or eliminate any payroll deductions; (2) if I choose Employer Payroll and AMO Vacation Benefit, an equal % of withholding will be deducted from my payroll and my vacation benefits; (3) this compensation withholding authorization shall remain in effect unless I give a written modification or termination to my employer and/or the AMO Vacation Plan prior to the commencement of a new payroll period; (4) the amount I elect to withhold from my pay may not exceed any limitations under the Plan as provided under the Summary Plan Description; (5) I have a duty to review my pay records to confirm the Employer has properly implemented my salary reduction election and inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement; and (6) 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). 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.

Employer Signature: _____ **Effective Date:** _____

Employer: Please mail to AMO 401(k) Plan: P.O. Box 35, Dania Beach, FL 33004 or Fax to: 954-922-7539.

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

