



***AMERICAN MARITIME OFFICERS PENSION PLAN MONEY PURCHASE BENEFIT (MPB)
WITHDRAWAL FROM INDUSTRY STATEMENT***

Date: _____

Secretary-Treasurer
American Maritime Officers
2 West Dixie Highway
Dania Beach, FL 33004

Gentlemen:

I am applying for a Money Purchase Benefit distribution from the American Maritime Officers (AMO) Pension Plan as a result of my complete and permanent withdrawal from the maritime industry. I understand that the distribution of my Money Purchase Benefit is payable to me three hundred sixty-five (365) days from the last day I worked in or obtained credit for Covered Employment with AMO.

Please consider this letter notice of my decision to terminate my membership in AMO. I understand that this decision is final and irrevocable and that I am giving up all of my rights as an active member of AMO and that I will not be allowed to become a member of AMO in the future.

Social Security Number
(last 4 digits only)

Signature

Print Your Name

Date

Please return form to:
American Maritime Officers Pension Plan
2 West Dixie Highway
Dania Beach, FL 33004
Phone : (800)348-6515 Ext 14
Fax (954) 922-7539