

AMERICAN MARITIME OFFICERS VACATION PLAN

2 West Dixie Highway, Dania Beach, FL 33004

(800) 348-6515

AUTHORIZATION

I, _____, hereby authorize and direct the Administrator and Trustees of the
(PLEASE PRINT)

American Maritime Officers Vacation Plan to deduct from vacation payments due me the sum of \$_____ and to forward the said amount to the Officers Defense Service. The authorization is intended to facilitate my transfer of this amount to Officers Defense Service and to save me the time and effort of making a separate payment.

The authorization for and contribution to the Officers Defense Service is entirely voluntary on my part and has not been obtained by physical force, job discrimination, or financial reprisal or threat thereof, but is purely a voluntary contribution on my part made of my own free will and choice.

This authorization may be revoked or canceled by me at any time by writing to the Vacation Plan Office. I direct, however, that this authorization shall be effective once in each calendar year, unless otherwise revoked in writing by me, and shall be exercised the first time I claim vacation benefits subsequent to the date of this authorization, and the first time I claim vacation benefits each year thereafter provided I have not revoked this authorization.

MEMBER'S SIGNATURE

SOCIAL SECURITY NUMBER

DATE

Contributions to the Officers Defense Fund are not tax deductible as charitable contributions for Federal income tax purposes.