

APPLICATION FOR PENSION
AMERICAN MARITIME OFFICERS PENSION PLAN
 2 West Dixie Highway, Dania Beach, FL 33004 (800) 348-6515 FAX (954) 922-7539

Please check one:

REGULAR **REDUCED** **EARLY RETIREMENT** **DISABILITY**

Member's Name: _____ S.S.N. _____

Address: _____
Number Street

City State Zip Code

Telephone Number _____ Date of Birth: Month _____ Day _____ Year _____

Last or Present Employer: _____ Rating: _____

Last vessel on which you were employed: _____

Date most recent employment started: _____ Date most recent employment ended _____

Date you intend to retire: _____ Marital Status: _____

Spouse's Name: _____ Spouse's S.S.N. _____

Past Service Information (If not previously submitted; discharges or a letter of service must be submitted)

Employer	From/To	Pension Plan	Vesting Credit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Member: _____ Date: _____