

AMERICAN MARITIME OFFICERS VACATION PLAN

2 WEST DIXIE HIGHWAY, DANIA BEACH, FL 33004

(954) 920-4247

AUTHORIZATION

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

Maritime Officers Vacation Plan to deduct from vacation benefits due me the sum of \$ _____ and to forward the said amount to the American Maritime Officers Voluntary Political Action Fund. This Authorization is intended to facilitate my transfer of this amount to the American Maritime Officers Voluntary Political Action Fund and to save me the time and effort of making a separate payment.

This authorization for and contribution to the American Maritime Officers Voluntary Political Action Fund 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. Any deduction made pursuant to my authorization shall not exceed 10% of any vacation benefit payment in total.

This Authorization may be revoked or cancelled 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

S.S. NUMBER

DATE

A copy of our report with the appropriate Supervisory Office is available for purchase from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20462.

While contributions to American Maritime Officers Voluntary Political Action Fund are not tax deductible as charitable contributions for Federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.