



Enrollment Form

Seafarers International Union, AGLIW 401(k) Plan – MR 60169

Subject to the provisions of the Seafarers International Union, AGLIW 401(k) Plan you may elect to defer on a Pre-Tax basis (Elective Deferral Contribution) or an After-Tax Basis (Roth Contribution) of your compensation for each payroll period and authorize your employer to withhold such amount (s) and pay them to the Plan.

- **If you change employers, you are required to complete a new Enrollment Form.**

SECTION 1: Information (Please print and complete all information)

Name (Last , First , Middle)		Date of Birth: mm – dd – yyyy
Street	City	State/Zip
Social Security Number (SSN)	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Employer
Today's date	Email	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 2: Purpose of filing

- New enrollment Re-enrollment Change contribution % Elect to suspend Change personal data

SECTION 3: Contribution percentage (Pre-Tax and/or Roth)

- A. I authorize the deduction of _____% of my wages for the Pre-Tax salary deferral portion of my account, subject to the requirements and limitations of the Plan.
- B. I authorize the deduction of _____% of my wages for the Roth 401(k) After-Tax deduction portion of my account, subject to the requirements and limitations of the Plan. Please contact our Morgan Stanley Financial Consultants at 1-800-421-5127 or send an e-mail to Larry.Goldstock@Morganstanley.com for information or questions regarding the Roth 401(k) option.

Note: The sum of the Pre-Tax salary deferral (A.) and the Roth 401(k) deduction (B.) cannot exceed the annual 401(k) deferral limit.

Catch-up Contributions are available for participants age 50 or older during the calendar year who reach the Internal Revenue Code or Plan limits for contributions for the plan year.



Enrollment Form (Continued)

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SECTION 4: Authorizations

PARTICIPANT: I understand this compensation withholding authorization shall remain in effect unless I give a written modification or termination of its terms to my employer. I hereby attest that I have reviewed this document and that it is correct to the best of my ability.

Participant signature: *(Please return form to employer representative for signature.)*

Date:

Employer signature:

Effective date of deferral:

Employer return the form to:

**Seafarers International Union 401(k) Plan
5201 Auth Way
Camp Springs, MD 20746**

Seafarers International Union, AGLIW 401(k) Plan

Authorized Plan Representative Signature:

Date



Investment Enrollment Form for New Enrollees only

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Name (Last , First , Middle)

Social Security Number (SSN)

INITIAL CONTRIBUTION INVESTMENT SELECTION: If you make no election your contributions will be allocated into the American Funds Balanced Fund. Please enter the percent allocated to each fund below (Part A). Total allocations must equal 100% OR choose one of the following portfolios listed in Part B.

Using your Personal Identification Number (PIN) you can access information about your Account by visiting the participant Internet site, RetireSmartSM, at www.retiresmart.com, or by calling 1-800-743-5274. You may also contact your Morgan Stanley Financial Consultants at 1-800-421-5127 for information on the available investment options.

Investment allocation: Choose between Part A or Part B , but do not elect both.
Part A – Individual Investment Options

Fixed Interest Fund	_____ %	ClearBridge Large Cap Growth Fund (MR-3581)	_____ %
Western Asset Core Plus Bond Fund (MR-2285)	_____ %	Hartford Growth Opportunities Fund (MR-2788)	_____ %
Loomis Sayles Strategic Income Fund (MR-QL)	_____ %	JP Morgan Mid Cap Value Fund (MR-QJ)	_____ %
PIMCO High Yield Fund (MR-PH)	_____ %	Select Mid Cap Growth Fund (TRP/Frontier) (MR-AT)	_____ %
PIMCO Foreign Bond Fund (MR-2235)	_____ %	Delaware Small Cap Core Fund (MR-2220)	_____ %
American Funds Balanced Fund (MR-VE)	_____ %	Baron Growth Fund (MR-WY)	_____ %
Select Fundamental Value Fund (Wellington) (MR-AK)	_____ %	Oakmark International Fund (MR-1752)	_____ %
Delaware Value Fund (MR-1860)	_____ %	Premier International Equity Fund (OFI) (MR-AI)	_____ %
Sel. Equity Opportunities Fund (Wellington/TRP) (MR-AV)	_____ %	Oppenheimer Developing Markets Fund (MR-C)	_____ %
MM S&P 500 Index Fund (Northern Trust) (MR-AX)	_____ %		

The total must be equal to

100%



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Part B – Portfolios

Fund Name	Aggressive	Moderate	Moderate Conservative	Conservative
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check only one of the portfolios above			
ClearBridge Large Cap Growth Fund (MR-3581)	25%	21%	14%	10%
Select Fundamental Value Fund (Wellington) (MR-AK)	25%	21%	14%	10%
Select Mid Cap Growth Fund (TRP/Frontier) (MR-AT)	8%	4%	2%	0%
JP Morgan Mid Cap Value Fund (MR-QJ)	8%	4%	2%	0%
Baron Growth Fund (MR-WY)	3%	2%	2%	0%
Delaware Small Cap Core Fund (MR-2220)	3%	2%	2%	0%
Oakmark International Fund (MR-1752)	18%	14%	10%	5%
Premier International Equity Fund (OFI) (MR-AI)	6%	4%	4%	0%
Oppenheimer Developing Markets Fund (MR-C)	4%	3%	0%	0%
Western Asset Core Plus Bond Fund (MR-2285)	0%	5%	15%	30%
PIMCO High Yield Fund (MR-PH)	0%	5%	5%	5%
PIMCO Foreign Bond Fund (MR-2235)	0%	5%	5%	8%
Fixed Interest Fund	0%	10%	25%	32%
	100%	100%	100%	100%

PARTICIPANT AUTHORIZATION: The amount you elect to withhold from your pay may not exceed any Plan limitations. Your Summary Plan Description will describe any limits on the amount you can contribute to the Plan. Investors should consider an investment's objectives, risks, charges and expenses carefully before investing. This and other information is available in the prospectus. Read it carefully before investing.

Participant signature: _____

Date: _____

Mail the completed form to your Employer.

The Enrollment and Investment forms must be mailed together.



Beneficiary Election Form

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NOTICE: Upon your death, your entire account balance in the Seafarers International Union, AGLIW 401(k) Plan will be automatically paid to your spouse (if applicable), unless you designate otherwise. If you designate someone other than your spouse the notarized consent of your spouse is required.

SECTION 1: Information (Please print and complete all information)

 Name (Last, First, Middle) Social Security Number (SSN)

 Street City State/Zip

Marital Status: Single Married

SECTION 2: Beneficiary designation

Primary & alternate beneficiary designation

I hereby designate as my **Primary Beneficiary(ies)**: *(Additional names may be added by attaching an additional page.)*

Name	Social Security Number (SSN)	Relationship	Percentage
_____	_____	_____	_____

Name	Social Security Number (SSN)	Relationship	Percentage
_____	_____	_____	_____

Secondary Beneficiary(ies): If my primary beneficiary(ies) dies before me, distribute my Plan balance to my secondary beneficiary(ies) named below.

Name	Social Security Number (SSN)	Relationship	Percentage
_____	_____	_____	_____

Name	Social Security Number (SSN)	Relationship	Percentage
_____	_____	_____	_____

If none of the above named beneficiaries survive me, pay out any and all benefits under the Plan according to the provisions stated in the Plan Rules and Regulations.



Beneficiary Election Form (Continued)

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SECTION 3: Spousal consent (Spousal consent *must* be witnessed by a Notary Public only if you are married and elected a non-spouse beneficiary)

I, _____ (spouse), acknowledge that I am entitled to a benefit equal to at least one-half of my spouse’s vested accrued benefit. I waive my right to such benefit and consent to the designation of beneficiary set forth above. If I am not named above as a beneficiary, I will receive no benefit from this plan.

Spouse's signature:

Date:

Notary seal here

I, _____ a Notary Public, certify that the above named individual personally appeared before me and signed the above Spousal Consent as a free and voluntary act.

Signed:

Date:

My commission expires:

SECTION 4: Participant authorization

Authorization of beneficiary designation

I understand that the above beneficiary designation will remain in force until a new form is submitted.

Participant Signature:

Date:

Return completed form to:

Seafarers International Union 401(k) Plan
5201 Auth Way
Camp Springs, MD 20746