

**SEAFARERS MONEY PURCHASE PENSION PLAN**

c/o Basil Castrovinci Associates, Inc.  
36 Hopatchung Road, Hopatcong, New Jersey 07843  
(800) 485-3703

**APPLICATION FOR DEATH BENEFITS**

**This form is for death benefits only. If you are a participant applying for pension benefits or if you are applying for a mandatory minimum distribution because you are over the age of 70 1/2, you must use a different application form. Please call the Plan office to request the proper application form.**

Please read this application carefully before answering any questions. Print your answers to all questions. If any part of this application is not entirely clear, do not hesitate to contact Basil Castrovinci Associates for assistance, at the above phone number between 9:00 a.m. and 5:00 p.m. EST, Monday through Friday.

I hereby make application for benefits from the Seafarers Money Purchase Pension Plan. I make the following statements and representations to the Trustees of the Fund with the knowledge that said Trustees will rely on the same in granting said payment.

- 1) **Participant's Name** \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST
- 2) Social Security Number \_\_\_\_\_ 3) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
- 4) Marital Status: [ ] Single [ ] Married [ ] Divorced (*Submit Divorce Decree/QDRO*) [ ] Widowed (*Submit Death Certificate*)
- 5) Spouse's Name \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_  
(Submit birth certificate if annuity benefit is chosen)
- 6) Union Affiliation [ ] SIU [ ] SMU [ ] UIW [ ] SEATU [ ] NMU [ ] GLTD \_\_\_\_\_
- 7) **Applicant's Name** \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST
- 8) Address \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP CODE
- 9) Social Security Number \_\_\_\_\_ 10) Phone Number (\_\_\_\_) \_\_\_\_\_
- 11) Relation to Plan Participant \_\_\_\_\_

**Type of Benefit - Please check Account(s) you wish to receive money from and indicate Date of Event.**

- 12) **Employer Contribution Account [ ]** \_\_\_\_\_ **Death of Participant** (*submit copy of Death Certificate*)
  - a) Election of Benefit Form
    - If your account balance is less than \$5,000, it will be paid to you in one lump sum payment.
    - If it is \$5,000 or more you can elect the form of payment:
  - Choose One:** \_\_\_\_\_ **One Lump Sum Payment** (*20% Federal Withholding Tax Applies*)
  - \_\_\_\_\_ **Remaining Installments of (10) Equal Annual Payments payable as a lump sum**
  - \_\_\_\_\_ **Survivor's Annuity Benefit** (*Monthly benefits payable for life of spouse*)
  - \_\_\_\_\_ **Direct Rollover to Another Qualified Plan** (*You must provide Rollover information on next page along with a rollover authorization form signed by you and a representative of the company you are sending your money to.*)
- 13) **Voluntary Contribution Account [ ]**
  - a) Election of Benefit Form
    - It can be paid as follows:
  - Choose One:** \_\_\_\_\_ **One Lump Sum Payment**
  - \_\_\_\_\_ **Ten (10) Equal Annual Payments**
- 14) **If You Choose a Rollover from Item #12 above, complete this item.**
  - NAME OF BANK OR FINANCIAL INSTITUTION \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
PHONE NUMBER
  - STREET ADDRESS OF BANK OR FINANCIAL INSTITUTION \_\_\_\_\_
  - CITY, STATE, AND ZIP CODE OF BANK OR FINANCIAL INSTITUTION \_\_\_\_\_
  - CONTACT/ACCOUNT REPRESENTATIVE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

**Notice of Withholding – Any money paid directly to you from your Employer Contribution Account will be subjected to a mandatory 20% Federal Withholding Tax. The only exceptions to this law are payments over a period of at least 10 years in length or a rollover of the money to another Tax Deferred Qualified Retirement Plan.**

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15) \_\_\_\_\_ 16) \_\_\_\_\_ 17) \_\_\_\_\_  
APPLICANT'S NAME SOCIAL SECURITY NUMBER TODAY'S DATE

18) \_\_\_\_\_  
APPLICANT'S SIGNATURE

19) **NOTARIZATION:** STATE OF \_\_\_\_\_, COUNTY OF: \_\_\_\_\_

I certify that on \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
DATE APPLICANT'S NAME SPOUSE'S NAME (if applicable)

Personally came before me and acknowledged under oath, to my satisfaction that (he/she):

- a) is named in and personally signed this document; and,
- b) signed, sealed, and delivered this document as (his/her) act and deed.

\_\_\_\_\_  
A NOTARY PUBLIC