

SEAFARERS MONEY PURCHASE PENSION PLAN

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

APPLICATION FOR IN-SERVICE PENSION BENEFITS OR REQUIRED MINIMUM DISTRIBUTIONS

This application is for active participants age 70 and over who are still working. You can apply to receive either your entire account balance or to receive only the required minimum distribution. Once you reach age 70 ½ you will only be eligible to receive the required minimum distribution.

Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. 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) Address _____
NUMBER AND STREET CITY STATE ZIP CODE
- 3) Social Security Number _____ 4) Phone Number (____) _____
- 5) Date of Birth ____/____/____ (Submit birth certificate if monthly Joint and Survivor Benefit is chosen.)
- 6) Marital Status: [] Single [] Married [] Divorced (Submit Divorce Decree/QDRO) [] Widowed (Submit Death Certificate)
- 7) Spouse's Name _____ Spouse's Date of Birth _____
(Submit birth certificate if monthly Joint and Survivor Benefit is chosen.)
- 8) Union Affiliation [] SIU [] SMU [] UIW [] SEATU [] NMU [] GLTD

ELECTIVE DISTRIBUTION OF THE ENTIRE ACCOUNT

- 9) **Employer Contribution Account** [] _____ In-Service Distribution benefit (For Age 70 to Age 70 ½ only)
 - 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 balance is \$5,000 or more, you may elect the form of payment:.)
 - Choose One:** _____ **One Lump Sum Payment** (20% Federal Withholding Tax Applies)
 - _____ **Ten (10) Equal Annual Payments**
 - _____ **Monthly Joint & 50% Survivor Benefit** (payable for the joint lives of you and your spouse), in the amount of \$ _____ per month, commencing on ____/____/____. And upon your death, your spouse will receive \$ _____ per month, commencing the month following your death, during his/her lifetime. You and your spouse must submit a copy of birth certificates.
 - _____ **Monthly Joint & 75% Survivor Benefit** (payable for the joint lives of you and your spouse), in the amount of \$ _____ per month, commencing on ____/____/____. And upon your death, your spouse will receive \$ _____ per month, commencing the month following your death, during his/her lifetime. You and your spouse must submit a copy of birth certificates.
 - _____ **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). **Only available for Participants under age 70 ½.**

- 10) **Voluntary Contribution Account** [] _____ Payout Benefit
 - a) Election of Benefit Form – It can be paid as follows:
 - Choose One:** _____ **One Lump Sum Payment** of Voluntary Contribution Account Balance in the amount of \$ _____.
 - _____ **Ten (10) Equal Annual Payments**

11) **If You Choose a Rollover from Item #9 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.

Seafarers Money Purchase Pension Plan
Application for In-Service Pension Benefits or Required Minimum Distributions

Page 2 of 2

REQUIRED MINIMUM PARTIAL DISTRIBUTION

For Plan Year _____

12) Type of Benefit: **Employer Contribution Account**

_____ **Mandatory Minimum Distribution**

Voluntary Contribution Account

_____ **Mandatory Minimum Distribution**

13) **Spousal Consent:**

a. **If you are single**, check here _____.

b. **If you are married**, and you are applying for a benefit from your Employer Contribution account in the amount of \$5,000 or more, or you are applying for a payout benefit from your Voluntary Contributions account, **your spouse must complete the following:**

I, _____, born _____, am aware that my spouse,
PRINT SPOUSE'S NAME DATE OF BIRTH

_____, has applied for his/her pension benefit, and/or a payout benefit
PRINT MEMBER'S NAME

from his/her voluntary contribution account. I understand that my spouse may be able to receive his/her benefits in the form of a joint and survivor annuity. By signing this application, I consent to my spouse's election regarding the form in which benefits will be paid.

SPOUSE'S SIGNATURE

DATE SIGNED

14) _____
PARTICIPANT'S NAME

SOCIAL SECURITY NUMBER

15) _____
PARTICIPANT'S SIGNATURE

DATE SIGNED

16) **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