

SEAFARERS MONEY PURCHASE PENSION PLAN

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

APPLICATION FOR PENSION BENEFITS

This form is for pension benefits only. If you are applying for a death benefit, or if you are applying for either the In-Service Pension Benefit (age 70 to 70 1/2) or the mandatory minimum distribution (over age 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 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
6) Marital Status: [] Single [] Married [] Divorced [] Widowed
7) Spouse's Name, Spouse's Date of Birth
8) Union Affiliation [] SIU [] SMU [] UIW [] SEATU [] NMU [] GLTD

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

- 9) Employer Contribution Account []
a) Choose Type: Normal Retirement, Total & Permanent Disability, Withdrawal Benefit
b) Election of Benefit Form
Choose One: One Lump Sum Payment, Ten (10) Equal Annual Payments, Monthly Joint & 50% Survivor Benefit, Monthly Joint & 75% Survivor Benefit, Direct Rollover to another Qualified Plan
10) Voluntary Contribution Account []
a) Payout Benefit
b) Election of Benefit Form
Choose One: One Lump Sum Payment, Ten (10) Equal Annual Payments

