



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.

Note: Puerto Rico residents are excluded from participating in this Plan as it is not a qualified Plan under Puerto Rico Tax Code.

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="radio"/> Single <input type="radio"/> Married	Employer
Today's date	Email	Gender: <input type="radio"/> Male <input type="radio"/> 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 **Samuel.Brandwein@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.



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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:

Date:

Note: You must return this form to your employer representative for signature and payroll authorization in order to start your 401(k) deferral selection. Do not send this form directly to the SIU 401(k) Plan as it must be signed by the employer and returned to the SIU 401(k) Plan by the employer.

EMPLOYER:

Employer signature:

Effective date of deferral:

Employers return the signed form to:
Seafarers International Union 401(k) Plan
5201 Auth Way
Camp Springs, MD 20746

OR

Via email to:
Map@seafarers.org

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, RetireSmart, 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 Income Account	_____%
Western Asset Core Plus Bond Fund (MR-2285)	_____%
Loomis Sayles Strategic Income Fund (MR-QL)	_____%
PIMCO High Yield Fund (MR-PH)	_____%
PIMCO Foreign Bond Fund (MR-2235)	_____%
American Funds Balanced Fund (MR-KU)	_____%
Select Diversified Value Fund (BRW/TRP) (MR-HK)	_____%
Delaware Value Fund (MR-1860)	_____%
Sel. Equity Opportunities Fund (Wellington/TRP) (MR-AV)	_____%
MM S&P 500 Index Fund (Northern Trust) (MR-YX)	_____%
ClearBridge Large Cap Growth Fund (MR-3581)	_____%
Hartford Growth Opportunities Fund (MR-2788)	_____%
JP Morgan Mid Cap Value Fund (MR-QJ)	_____%
S&P Mid Cap Index Fund (NRTN TR)(MR-CBW)	_____%
Select Mid Cap Growth Fund (TRP/Frontier) (MR-AT)	_____%
Russell 2000 Sm Cap Index Fund (NRTN TR)(MR-CBP)	_____%
Delaware Small Cap Core Fund (MR-2220)	_____%
Small Cap Growth Fund (Wellington/OFI)(MR-AC)	_____%
Oakmark International Fund (MR-1752)	_____%
MSCI EAFE Int'l Index Fund (NRTN TR)(MR-CCC)	_____%
Premier International Equity Fund (OFI) (MR-LI)	_____%
Oppenheimer Developing Markets Fund (MR-C)	_____%

The total must be equal to

100%



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Part B – Portfolios	AGGRESSIVE	MODERATE	MODERATE CONSERVATIVE	CONSERVATIVE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUND NAME	Check only one of the portfolios above			
ClearBridge Large Cap Growth Fund (MR-3581)	25%	21%	14%	10%
Select Diversified Value Fund (BRW/TRP) (MR-HK)	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%
Sm Cap Growth Fund (MR-AC)	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-LI)	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 Income Account	0%	10%	25%	32%
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

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: _____

PARTICIPANT: Mail the completed form to:
Seafarers International Union 401(k) Plan
5201 Auth Way, Camp Springs, MD 20746 OR
Via email to: Map@seafarers.org

EMPLOYER: Mail it with participant's new enrollment form to:
Seafarers International Union 401(k) Plan
5201 Auth Way, Camp Springs, MD 20746 OR
Via email to: Map@seafarers.org