

SEAFARERS INTERNATIONAL UNION AGLIW 401(K) PLAN - MR 60169

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6061 ■ www.seafarers.org

ENROLLMENT FORM

1 Participant's Information

Complete this form and return it your employer for their authorization:

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Mailing Address

City

State

Zip Code

PLAN EXCLUSION: Puerto Rico residents cannot participate in this plan, as it is not a qualified Plan under the Puerto Rico Tax Code.

Cell Phone Number

Home Phone Number

Email

Marital Status

- Single
 Married
 Divorced
 Widow(er)

Purpose of Filing

- New Enrollment**
■ If you are enrolling in the Plan for the first time, complete Section(s) 2 and/or 3 and Sections 4.
- Re-Enrollment**
■ If you are a current participant that has changed employers, complete Section(s) 2 and/or 3 and Section 4
- Change of Contribution Percentage**
■ If you are a current participant that needs to change your deferral(s) to the Plan, complete Section(s) 2 and/or 3 and Section 4.
- Elect to Suspend**
■ If you are a current participant that no longer wants to make deferral(s) to the Plan, complete Section(s) 2 and/or 3 and Section 4.

2 Pre-Tax Contribution Percentage

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 Seafarers International Union, AGLIW 401(k) Plan.

3 Roth Contribution Percentage

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 Seafarers International Union, AGLIW 401(k) Plan.

CONTRIBUTION NOTE: The sum of the Pre-Tax salary deferral and the Roth 401(k) deduction cannot exceed the annual 401(k) deferral limit. Catch-up Contributions are available for participants age 50 or older during the year who reach the Internal Revenue Code or Plan limits for contributions for the year.

THIS SECTION MUST BE SIGNED BY YOU

4 Participant Authorization

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

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 acknowledge that my contributions may not exceed any Plan limitations which are found in the Plan's Summary Plan Description.

I certify that the above information is true and correct, and I authorize my employer to withhold said amounts for each payroll period for contributions to the Plan. I have provided this information with the understanding that the Seafarers International Union AGLIW 401(k) Plan will rely on the information for enrollment purposes.

Participant's Signature

Date Signed

THIS SECTION MUST BE SIGNED BY AN EMPLOYER REPRESENTATIVE

5 Employer Authorization

An authorized employer representative must sign, designate a effective date of deferral, and return this form by: email: map@seafarers.org; fax: (301) 702-6061; or mail: MAP, 5201 Capital Gateway Drive, Camp Springs, MD 20746

I certify that the above information is true and correct, and that the participant has authorized the employer to withhold said amounts for each payroll period for contributions to the Plan. I have provided this information with the understanding that the Seafarers International Union AGLIW 401(k) Plan will rely on the information for enrollment purposes.

Employer Representative's Signature

Effective Date of Deferral

Employer Name

THIS SECTION MUST SIGNED BY AN AUTHORIZED SIU AGLIW 401(K) PLAN REPRESENTATIVE

6 Seafarers International Union AGLIW 401(k) Plan Authorization

Authorized Plan Representative's Signature

Date Signed

Empower Retirement's acquisition of MassMutual retirement business

On December 31, 2020, Empower Retirement ("Empower") acquired the retirement plan and group insurance business of Massachusetts Mutual Life Insurance Company ("MassMutual"). Following an initial transition period, Empower Retirement will become the sole administrator of the retirement business acquired from MassMutual. Through this transaction, group insurance business written by MassMutual is reinsured by Great-West Life & Annuity Insurance Company ("GWLA"), and in New York by Great-West Life & Annuity Insurance Company of New York ("GWLANY"). Concurrently, MassMutual retroceded to GWLA and GWLANY similar group insurance business it reinsures from a cedent, which MassMutual assumed in a previous transaction. Empower Retirement refers to the products and services offered by GWLA and its subsidiaries, including Empower Retirement, LLC; GWFS Equities, Inc.; and registered investment advisers Advised Assets Group, LLC and Personal Capital Advisors Corporation. GWFS Equities, Inc. is the distributor of the MassMutual insurance products sold on Empower's platform. Empower Retirement is not affiliated with MassMutual or its affiliates.