

SEAFARERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6074 ■ www.seafarers.org

PENSION APPLICATION

This application is for a Participant in the Seafarers Pension Plan ("Plan") applying for a benefit. Complete Sections 1 - 3 as they apply to you. Section 4 of the application must be signed by you in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative. Complete and return the application by: email: pensions@seafarers.org; fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746

1 Participant's Information

You must sign Section 4 in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative:

- Copy of Birth Certification Required
- Copy of Social Security Card or ITIN Required
- Copy Military Service Support Documents Required, if applicable

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Age

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

First and Last Day of Employment

Book No.

Affiliated with the National Maritime Union (NMU)? Yes No

Affiliated with the American Maritime Officers (AMO)? Yes No

2 Marital Status

Single

Married

- Copy of Spouse's Birth Certification Required
- Copy of Spouse's Social Security Card or ITIN Required
- Copy of Marriage Certificate Required

Spouse's Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Birth

Age

Mailing Address (if different)

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

Divorced

- Copy of Divorce Decree Required
- Copy of QDRO Required

Widow(er)

- Copy of Spouse's Death Certificate Required

3 Pension Type

Regular Normal

- You must be age 65 or older with a majority of your covered employment in the Deep Sea division, or age 62 or older with the majority of your employment in the Inland division.
- You must have a minimum of 5,475 days of covered service, as defined by Plan Rules.

Deferred Vested

- You must be age 65 or older with a majority of your covered employment in the Deep Sea division, or age 62 or older with the majority of your employment in the Inland division.
- You have less than 5,475 days of covered service.
- You must have at least ten (10) years of vesting service or at least five (5) years of vesting service after 1999.

Early Normal

- You must be age 55 and older.
- You must have a minimum of 7,300 days of covered service and a minimum of 125 days of covered service in the prior year.

Early Normal Pension Supplement:

- You must have at least 730 days of employment service after you meet all of the requirements for Early Normal Pension.

Special Early Normal

- You must be at least age 55 without any covered service after age 55.
- You must have a minimum of 7,300 days of covered service.

Disability

- You must have a minimum of 4,380 days of employment service and a minimum of 125 days of covered service in the year prior to your disability.
- Social Security Administration's Disability Award Letter Required
- Permanently Not Fit For Duty statement from Treating Physician Required

Retirement Announcement in the Seafarers LOG

Your retirement from the SIU will be featured in a future edition of the Seafarers LOG. If you would also like to be pictured in the LOG, please include a passport sized photo along with your pension application.

Does someone else legally act on your behalf?

If someone else is legally authorized to act on your behalf, please provide the required documents and the following information for him or her:

- Copy of Power of Attorney (POA) Required OR
- Copy of Letter of Guardianship Required

POA or Guardian's Full Name (First, Middle Initial, Last)

Relationship

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

SEAFARERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6074 ■ www.seafarers.org

PENSION APPLICATION

4 Participant's Signature - Retirement Declaration

If I continued to work past normal retirement age, I understand that my benefits were suspended, and I will not be eligible to receive retroactive benefits from the Plan.

I hereby certify that as of the effective date of my pension that I have completely withdrawn from any covered employment under a Collective Bargaining Agreement with the Seafarers International Union, AGLIW and at the present time, I have no intention to return to such employment in the future.

Notwithstanding the paragraph above, I am aware that if I return to covered employment for a period of more than 60 days during any calendar year that my pension will be suspended, and I will not be paid pension benefits during the period that I was employed. In the event that I wish to return to covered employment in the future, I must first request approval in writing from the Board of Trustees of the Seafarers Pension Plan.

Furthermore, I understand that the Board of Trustees has the authority to enforce the withdrawal provisions contained in this Declaration or to waive this provision under certain circumstances. I agree as a condition of receiving continued benefits, I will cooperate with any Plan investigation and provide copies of relevant earnings documentation or records if requested to do so.

If I am receiving a Disability pension benefit, I have been determined to be totally and permanently disabled in order to be eligible for the disability benefit. In the event that my condition improves, and I no longer meet the criteria of being totally and permanently disabled that my benefits from the Plan may terminate. I may be required to submit to a physical examination in the future if requested by the Trustees.

The withdrawal provisions herein do not apply to those pensioners receiving mandatory pension benefits, who were required under the Plan Rules to commence their benefits effective April 1st following the year that they reached age 70 ½.

I certify that the information that I have provided on this application is true and correct and I recognize that the Seafarers Pension Plan will rely on the information for benefit eligibility purposes. I understand if I knowingly provided false or misleading information, I may be guilty of a criminal offense.

Participant's Signature

Date Signed

THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED SIU/PLAN REPRESENTATIVE

State of: _____ County of: _____

On this the _____ day of _____, 20_____, before me, _____, the undersigned,
Day Month Year Notary Public or SIU/Plan Representative's Name

personally appeared _____, satisfactorily proven to be the person named in and personally signed, sealed, and
Participant's Name
delivered this Pension Application as his or her act and deed.

Notary Public's or SIU/Plan Representative's Signature

Date Signed

IMPORTANT NOTE: *If there has been a change in your marital status or designated beneficiary, update your information with the Plan immediately. You may request the Seafarers Pension Plan's beneficiary form by calling (800) 252-4674 (Option 2), you can also find it online at www.seafarers.org under About, or at your local port.*

60 Month Guarantee: *If you retire on a Regular Normal, Early Normal, Special Early Normal, or Disability pension, you are guaranteed benefits for a period of 60 months. In the event that you should die before receiving 60 monthly payments, the remaining benefit payments will be paid to your designated beneficiary or spouse, however if you are receiving your benefits in the form of a Joint and Survivor annuity, your spouse will continue to receive the survivor's annuity for his or her lifetime beyond the 60 monthly payments.*