

SEAFARERS MONEY PURCHASE PENSION PLAN

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

VOLUNTARY DEDUCTION FORM

This form is for a participant in the Seafarers Money Purchase Pension Plan ("Plan") who wishes to make voluntary contributions to the Plan through payroll deductions. Please complete the entire form and sign Section 3. Return the form to your employer for their records. An authorized Employer Representative must sign the form and provide a copy to the Plan by: email: map@seafarers.org; fax: (301) 702-6061; or mail: MAP, 5201 Capital Gateway Drive, Camp Springs, MD 20746.

1 Participant's Information		Marital Status	
Full Name (First, Middle Initial, Last)		<input type="checkbox"/> Single	
XXX-XX-		<input type="checkbox"/> Married	
Social Security Number	Date of Birth	<input type="checkbox"/> Divorced	
Mailing Address		<input type="checkbox"/> Widow(er)	
City	State	What if I need to withdraw my voluntary contributions?	
Cell Phone Number	Home Phone Number	You can always withdraw your voluntary contributions. However, you may not make withdrawals more frequently than every 18 months. You are entitled to withdraw your full balance or receive partial payment of a designated amount. Withdrawals are provided in the form of lump sum payments. All withdrawals are subject to a mandatory Federal Income tax withholding on the interest earned on the distribution.	
Email			

2 Authorization Request Type
<input type="checkbox"/> Setup Payroll Deduction Authorization
I, _____, hereby authorize my employer, _____, to deduct _____ percent of my weekly payroll gross wages and credit my payroll deduction to my Voluntary Contribution Account in the Seafarers Money Purchase Pension Plan. This deduction is on a post tax basis and in accordance with the Rules and Regulations of Plan which require that my voluntary contributions be no less than 1% and no more than 10% of my total compensation on a yearly basis.
I am aware that this authorization will continue on a weekly payroll basis, unless I submit another Voluntary Deduction form to increase or decrease the amount deducted at least 30 days prior to the first day of the month and that I can cancel my payroll deduction authorization at any time by notifying my Employer in writing.
<input type="checkbox"/> Revoke Payroll Deduction Authorization
I wish to revoke any previous payroll deduction authorization I filed with my employer.

THIS SECTION MUST SIGNED BY YOU AND AN AUTHORIZED EMPLOYER REPRESENTATIVE

3 Participant and Employer Authorizations			
I certify that the above information is true and correct, and I have provided this information with the understanding that my employer and the Seafarers Money Purchase Pension Plan will rely on the information for voluntary deduction purposes.			
Participant's Signature	Date Signed	Employer 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 any of the Seafarers Money Purchase Pension Plan's applications or forms by calling (800) 252-4674 (Option 2). You may also find them online at www.seafarers.org under About.