

SEAFARERS PENSION PLAN

5201 Capital Gateway Drive
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

October 25, 2022

Re: Normal Retirement Notice

Dear Participant:

Our records indicate that you may be vested in the Seafarers Pension Plan ("Plan") and have or soon will reach the Plan's normal retirement age. For Deep-sea participants, the normal retirement age is 65 and for Inland participants, the normal retirement age is 62. If you worked both divisions, please contact the Plan for further information concerning your eligibility to retire.

Reaching normal retirement age by no means implies that retirement is right for you at this time. If you are still working in covered employment, you will continue to accrue credit in the same manner you did before. Your pension payments will be suspended during the time that you continue to work in covered employment. Plan Rules stipulate that benefit payments shall be suspended during any period in which a Participant engages in maritime employment of the same type, nature and likeness of that covered by the Plan for a period of more than 60 days during any calendar year. Please note that if you continue to work past retirement age you will not be eligible to receive retroactive benefits for the time your benefits were suspended. If you delay receipt of your pension, your monthly benefit will be actuarially increased to make up for any missed payments past the Plan's normal retirement age.

If you are no longer working in covered employment, you are encouraged to apply to start your pension by submitting the enclosed pension application and supporting documents by: e-mail: pensions@seafarers.org; fax: (301) 702-6074; or mail at the above address.

If you decide to continue to work in covered employment past normal retirement age or not, you must commence your pension benefits no later than April 1st following the year you reach age 70 ½ regardless of whether you are still actively employed in covered employment or not.

Please keep the Plan informed of any change in your address. It's important that the Plan can communicate with you on an ongoing basis. If you have any questions regarding your benefits, contact the Pension Department at (800) 252-4674 (Option 2) or pensions@seafarers.org. Additional information regarding the Plan can be found online at www.seafarers.org/plans.

Sincerely,

Margaret R. Bowen
Administrator

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

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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.*