EMPOWER®

Participant Enrollment
401(k) Plan

Seafarers International Union AGLIW 401(k) Plan   780479-01

Participant Information

Last Name	First Name	MI

(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Mailing Address

E-Mail Address

City   State   Zip Code

Mo   Day   Year   ❑ Female   ❑ Male

(   )   (   )

Date of Birth   ❑ Married   ❑ Unmarried

Home Phone   Work Phone

Payroll Information

❑   I elect to contribute _____% (1% - 75%) per pay period of my compensation as Deferred Salary contributions to the 401(k) Plan until such time as I revoke or amend my election.

❑   I elect to contribute _____% (1% - 75%) per pay period of my compensation as Roth Salary Deferral contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or $22,500.00. If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

❑   I decline to make contributions to the Plan at this time.

Payroll Effective Date: _____|_____|_____   Date of Hire: _____|_____|_____
                              Mo   Day   Year   Mo   Day   Year

Age 50 Catch-Up Election

The total before-tax and Roth Age 50 Catch-Up amount cannot exceed $7,500.00 of my eligible compensation in the 2023 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

To be completed by Human Resources

Payroll Center Name _____   Payroll Center Number _____

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions and Asset Allocation Models.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

See below for Participation Agreement and Required Signatures

Select either an Asset Allocation Model (A) **or** your own investment options (B).

(A) Asset Allocation Model Selection

Asset Allocation Model Name	Model Selection	Asset Allocation Model Name	Model Selection
Aggressive	❑	Moderate Conservative	❑
Conservative	❑	Moderate	❑

(B) Select Your Own Investment Options

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
American Funds 2010 Trgt Date Retire R4......	RDATX	RDATX	_____	MassMutual Small Cap Gr Eq Adm.............	MSGLX	MSGLX	_____
American Funds 2015 Trgt Date Retire R4......	RDBTX	RDBTX	_____	MassMutual Mid Cap Growth Administrative...	MMELX	MMELX	_____
American Funds 2020 Trgt Date Retire R4......	RDCTX	RDCTX	_____	MFS Mid Cap Value R3........................	MVCHX	MVCHX	_____
American Funds 2025 Trgt Date Retire R4......	RDDTX	RDDTX	_____	Vanguard Mid Cap Index Fund - Admiral.......	VIMAX	VIMAX	_____
American Funds 2030 Trgt Date Retire R4......	RDETX	RDETX	_____	Columbia Dividend Income A..................	LBSAX	LBSAX	_____

NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
American Funds 2035 Trgt Date Retire R4	**RDFTX**	RDFTX	_____	Hartford Growth Opportunities R5	**HGOTX**	HGOTX	_____
American Funds 2040 Trgt Date Retire R4	**RDGTX**	RDGTX	_____	MassMutual Blue Chip Growth Admin	**MBCLX**	MBCLX	_____
American Funds 2045 Trgt Date Retire R4	**RDHTX**	RDHTX	_____	T. Rowe Price Dividend Growth	**PRDGX**	PRDGX	_____
American Funds 2050 Trgt Date Retire R4	**RDITX**	RDITX	_____	MM S&P 500(R) Index R5	**MIEZX**	MIEZX	_____
American Funds 2060 Trgt Date Retire R4	**RDKTX**	RDKTX	_____	MassMutual Diversified Value Adm	**MDDLX**	MDDLX	_____
American Funds 2055 Trgt Date Retire R4	**RDJTX**	RDJTX	_____	American Funds American Balanced R4	**RLBEX**	RLBEX	_____
ClearBridge International Growth A	**LGGAX**	LGGAX	_____	Loomis Sayles Core Plus Bond A	**NEFRX**	NEFRX	_____
MFS International Diversification R3	**MDIHX**	MDIHX	_____	PIMCO Int Bond (USD-Hedged) Adm	**PFRAX**	PFRAX	_____
Invesco Developing Markets Y	**ODVYX**	ODVYX	_____	PIMCO High Yield A	**PHDAX**	PHDAX	_____
Vanguard Developed Markets Index Admiral	**VTMGX**	VTMGX	_____	Western Asset Core Plus Bond A	**WAPAX**	WAPAX	_____
Delaware Small Cap Core A	**DCCAX**	DCCAX	_____	SAGIC Core Bond I	**N/A**	SGBJS0	_____
Vanguard Small Cap Index Adm	**VSMAX**	VSMAX	_____	**MUST INDICATE WHOLE PERCENTAGES**			**=100%**

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Asset Allocation Models - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected in Section A and I have also designated my own investment options in Section B, the Asset Allocation Model will supersede my own investment options.

Aggressive - ODVYX 4% MDIHX 18% LGGAX 6% MBCLX 25% MDDLX 25% MMELX 8% MVCHX 8% DCCAX 3% MSGLX 3%

Conservative - MDIHX 5% PHDAX 5% MBCLX 10% MDDLX 10% WAPAX 30% SGBJS0 32% PFRAX 8%

Moderate Conservative - MDIHX 10% LGGAX 4% PHDAX 5% MBCLX 14% MDDLX 14% MMELX 2% MVCHX 2% WAPAX 15% DCCAX 2% MSGLX 2% SGBJS0 25% PFRAX 5%

Moderate - ODVYX 3% MDIHX 14% LGGAX 4% PHDAX 5% MBCLX 21% MDDLX 21% MMELX 4% MVCHX 4% WAPAX 5% DCCAX 2% MSGLX 2% SGBJS0 10% PFRAX 5%

Your account will be rebalanced quarterly so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

I understand that the Asset Allocation Models are developed and maintained by the Plan's investment adviser and that Empower has not reviewed or passed on the advisability of selecting the Asset Allocation Models.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-833-569-2433 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form.

_____   _____
Participant Signature   **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

_____   _____
Authorized Plan Administrator   **Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay

_____
Print Full Name

Participant forward to Plan Administrator
Plan Administrator forward to Service Provider at:
Empower
PO Box 56025
Boston, MA 02205-6025
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#:   1-833-569-2433
We will not accept hand delivered forms at Express Mail addresses.