



**Participant Enrollment  
401(k) Plan**

**Seafarers International Union AGLIW 401(k) Plan**

**780479-01**

**Participant Information**

_____ Last Name	_____ First Name	_____ MI	_____ Social Security Number		
_____ (The name provided MUST match the name on file with Service Provider.)			_____ Mailing Address		
_____ Mailing Address			_____ E-Mail Address		
_____ City		_____ State	_____ Zip Code		<input type="checkbox"/> Female
_____ Home Phone		_____ Work Phone		<input type="checkbox"/> Male	<input type="checkbox"/> Married
_____ ( )		_____ ( )		_____ Mo Day Year	<input type="checkbox"/> Unmarried
_____ Home Phone		_____ Work Phone		_____ Date of Birth	

Do you have a retirement savings account with a previous employer or an IRA?  Yes  No

Would you like help consolidating your other retirement accounts into your account with Empower?\*  Yes, I would like a representative to call me at phone # \_\_\_\_\_ to review my options and assist me with the process. The best time to call is \_\_\_\_\_ to \_\_\_\_\_ A.M./P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). \*Rollovers are subject to your Plan's provisions.

**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 \$23,000.00. 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: \_\_\_\_\_  
Mo Day Year

Date of Hire: \_\_\_\_\_  
Mo Day Year

**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**

<u>Asset Allocation Model Name</u>	<u>Model Selection</u>	<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
Aggressive AGGRESSIVE	<input type="checkbox"/>	Moderate Conservative MOD CONS	<input type="checkbox"/>
Conservative CONS	<input type="checkbox"/>	Moderate MODERATE	<input type="checkbox"/>

**(B) Select Your Own Investment Options**

<u>INVESTMENT OPTION</u>				<u>INVESTMENT OPTION</u>			
<u>NAME</u>	<u>TICKER CODE</u>	<u>CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER CODE</u>	<u>CODE</u>	<u>%</u>
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	_____
American Funds 2035 Trgt Date Retire R4.....	RDFTX	RDFTX	_____	MassMutual Blue Chip Growth Admin.....	MBCLX	MBCLX	_____
American Funds 2040 Trgt Date Retire R4.....	RDGTX	RDGTX	_____	Putnam Sustainable Leaders Y.....	PNOYX	PNOYX	_____

Last Name

First Name

M.I.

Social Security Number

NAME	TICKER CODE	%	NAME	TICKER CODE	%
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	Vanguard 500 Index Admiral.....	VFIAX	VFIAX
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
American Funds New World Fund R4.....	RNWEX	RNWEX	Invesco Core Plus Bond Y.....	CPBYX	CPBYX
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
Vanguard Developed Markets Index Admiral...	VTMGX	VTMGX	SAGIC High Yield A.....	PHDAX	PHDAX
Delaware Small Cap Core A.....	DCCAX	DCCAX	SAGIC Core Bond I.....	N/A	SGBJS0
Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	<b>MUST INDICATE WHOLE PERCENTAGES</b>		<b>=100%</b>

## 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 AGGRESSIVE** - LGGAX 6% RNWEX 4% MDIHX 18% MMELX 8% MBCLX 25% MVCHX 8% MSGLX 3% MDDLX 25% DCCAX 3%

**Conservative CONS** - MDIHX 5% CPBYX 30% MBCLX 10% PFRAX 8% SGBJS0 32% PHDAX 5% MDDLX 10%

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

**Moderate MODERATE** - LGGAX 4% RNWEX 3% MDIHX 14% MMELX 4% CPBYX 5% MBCLX 21% MVCHX 4% PFRAX 5% MSGLX 2% SGBJS0 10% PHDAX 5% MDDLX 21% DCCAX 2%

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.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

780479-01  
\_\_\_\_\_  
Number

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

\_\_\_\_\_  
**Participant Signature**

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

\_\_\_\_\_  
**Date**

**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

\_\_\_\_\_  
**Authorized Plan Administrator**

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

\_\_\_\_\_  
**Date**

**This form can be uploaded electronically to:**

Login to account at  
**empowermyretirement.com**  
Click on *Upload Documents* to submit  
We will not accept hand delivered forms at Express Mail addresses.

\_\_\_\_\_  
**Print Full Name**

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.