

# Towboat Seamen Retirement Plan

## DECLARATION OF APPLICANT ELECTING REMOVAL OF FUNDS

I have read the information and reviewed the options available to me in the “*Retirement, Withdrawal or Pre-Retirement Death Benefit*” as provided by the **Towboat Seamen Retirement Plan**.

I have made an informed decision in electing to transfer the value of my account out of the **Towboat Seamen Retirement Plan**.

I realize that such removal is in full satisfaction of all my rights, benefits and entitlements under the **Towboat Seamen Retirement Plan** and that once the removal of funds have been made I will not be entitled to any future benefit improvements that may be implemented under the **Towboat Seamen Retirement Plan**.

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Dated

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Signature of Applicant

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Name Printed

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Signature of Witness

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Name Printed