## COVID-19 SCREENING QUESTIONNAIRE

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Have you experienced a fever (100.4°F /38°C or greater) within the past 7 days?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
| 2)  | Have you experienced any of the following symptoms within the last 7 days? If you marked YES, please circle which symptoms you have experienced:  
Cough  
Shortness of Breath or Difficulty Breathing  
Fever or Chills  
Muscle or Body Aches  
Headache  
Sore Throat  
Loss of Taste or Smell  
Congestion or Runny Nose  
Nausea or Vomiting  
Diarrhea | ☐   | ☐   |
| 3)  | Have you travelled internationally or outside your home / local area within the past 14 days? If you marked YES, where: | ☐   | ☐   |
| 4)  | In the last 14 days, have you been in contact with anyone that has contracted COVID-19 or displayed symptoms consistent with COVID-19 (see list of symptoms under #2 above)? | ☐   | ☐   |
| 5)  | Can you attest to the fact that you have been carrying out COVID-19 best practices (per CDC guidelines) and/or self-quarantined for at least 14 days?  
| 6)  | Have you visited any medical facility in the last 14 days (other than for pre-employment exam)? If you marked YES, facility visited and reason for visit: | ☐   | ☐   |
| 7)  | Do you agree to wear a cloth face covering / face mask while traveling to the vessel and taking shore leave in ports where shore leave is allowed?  
| 8)  | Do you agree to have your temperature taken by non-contact thermometer (scan) prior to boarding the vessel and periodically while aboard the vessel, as required by Matson? | ☐   | ☐   |

I attest to the fact that the above answers are true and complete to the best of my knowledge.

I acknowledge and agree to abide by all of the COVID-19 policies and protocols set forth by Matson while traveling to and working aboard Matson's vessels for my safety and the safety of my shipmates to mitigate the risk of contracting or spreading COVID-19.

Signature ___________________________ Date ___________________________

Print Name ___________________________ Vessel Joining ___________________________

Rev 3 - 7/29/2020
**EMPLOYEE DRUG / ALCOHOL CERTIFICATION AND CONSENT FORM**

**Applicant's Name:** ___________________________  **SSN:** ______________

**Vessel:** ___________________________  **Rating:** ___________________________

Pursuant to US Dept of Transportation Regulation (DOT) 49CFR40.25, paragraph "J", you must respond truthfully to the following questions. During the past 24 mos., with respect to DOT/USCG pre-employment drug or alcohol testing, have you

- Had alcohol tests with a result of 0.04 or higher concentration?  
  □ Yes  □ No
- Had verified positive drug tests?  
  □ Yes  □ No
- Refused to test or had verified adulterated or substituted drug test results?  
  □ Yes  □ No
- Violated any other DOT/USCG drug and alcohol testing regulation?  
  □ Yes  □ No

With respect to any violation of the DOT/USCG chemical testing regulations, please provide documentation of your completion of DOT "return-to-duty" requirements including follow-up tests. (Please attach documentation)

<table>
<thead>
<tr>
<th>Name of Substance Abuse Clinic/Professional:</th>
<th>Tel:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

I hereby authorize my previous employer(s) to release the following information with regard to my chemical testing records to my prospective employer.

**Seaman's Signature:** ___________________________  **Date:** ______________

**List only DOT employers you have worked for during the past 24 months. If you worked for Matson during the past 24 months, list only employers you worked for since you last worked for Matson.**

<table>
<thead>
<tr>
<th>Previous DOT Employer:</th>
<th>Vessel:</th>
<th>Contact Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel No.:</td>
<td>Fax No.:</td>
<td>Employed From:</td>
</tr>
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**TO BE COMPLETED ONLY BY PREVIOUS EMPLOYERS**

- Had alcohol tests with a result of 0.04 or higher concentration?  
  □ Yes  □ No
- Had verified positive drug tests?  
  □ Yes  □ No
- Refused to test or had verified adulterated or substituted drug test results?  
  □ Yes  □ No
- Violated any other DOT/USCG drug and alcohol testing regulation?  
  □ Yes  □ No

With respect to any violation of the DOT/USCG chemical testing regulations, please provide documentation of the applicant/employee's completion of DOT "return-to-duty" requirements, including follow-up tests.

**Previous Employer: ___________________________ Signature: ___________________________ Date: __/__/____

Please FAX the completed form to: Matson

FAX: 510-463-8917
Employee’s Withholding Certificate

Form W-4

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2022

(a) First name and middle initial Last name

(b) Social security number

Address

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

(c) Single or Married filing separately
Married filing jointly or Qualifying widow(er)
Head of household (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following:

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000

Multiply the number of other dependents by $500

Add the amounts above and enter the total here

3 $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each pay period

4(c) $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer’s name and address

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
MATSON NAVIGATION COMPANY, INC.
555 12TH STREET, SUITE 800
OAKLAND, CA 94607

DIRECT DEPOSIT AUTHORIZATION
OFFSHORE CREWMEMBER

Instructions:
Return this form to the Captain when signing up for an Allotment.
The Captain will provide a copy of this form to HQ Payroll when submitting Allotments for processing.
You may select 2 accounts to post deposits to.
If the account is a joint account, both signers are required to sign this form.
Please attach a VOIDED CHECK for checking accounts and deposit slip for other accounts. Please print all information.

<table>
<thead>
<tr>
<th>EMPLOYEE NAME:</th>
<th>LAST 4 SOCIAL SECURITY #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPANY NAME:</td>
<td>Matson Navigation Company, Inc.</td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td>CELLULAR PHONE NUMBER:</td>
</tr>
</tbody>
</table>

I (we) hereby authorize Matson ___________________________ hereinafter called "company" to take the actions indicated below (circle one).

<table>
<thead>
<tr>
<th>New Application</th>
<th>Change in Bank Accounts</th>
<th>Cancellation of Direct Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on Account:</td>
<td>Second Name on Account:</td>
<td></td>
</tr>
<tr>
<td>Bank #1 Name:</td>
<td>ACCOUNT NUMBER:</td>
<td></td>
</tr>
<tr>
<td>Routing Number:</td>
<td>ACCOUNT TYPE:</td>
<td></td>
</tr>
<tr>
<td>Account Number:</td>
<td>ALLOTMENT #1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name on Account:</th>
<th>Second Name on Account:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank #2 Name:</td>
<td>ACCOUNT TYPE:</td>
</tr>
<tr>
<td>Routing Number:</td>
<td>ACCOUNT NUMBER:</td>
</tr>
<tr>
<td>Account Number:</td>
<td>ALLOTMENT #2</td>
</tr>
</tbody>
</table>

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

SHOULD AN INCORRECT ALLOTMENT BE DEPOSITED TO MY BANK ACCOUNT IN ERROR, I (WE) AUTHORIZE THE COMPANY TO EITHER ENTER A PAYROLL DEDUCTION FOR THE OVERPAYMENT IN A FUTURE PERIOD OR REQUEST I (WE) PROMPTLY REIMBURSE THE COMPANY FOR ANY SUCH OVERPAYMENT.

Signed: ___________________________  Signed: ___________________________
Date: ___________________________  Date: ___________________________

updated: 10/08
12/22/2021 11:02