Local No. 60

IMPORTANT: TO TAKE ADVANTAGE OF THE DIRECT ROLLOVER OPTION TO A TRADITIONAL IRA, THIS FORM MUST BE COMPLETED AND BROUGHT WITH YOU WHEN YOU COME FOR YOUR PENSION INTERVIEW.

DIRECT ROLLOVER REQUEST FORM FOR QUALIFIED PLANS

I elect to directly rollover the taxable portion of my distribution to the following. Please check one

- o Another qualified plan (I have contacted the sponsor/plan administrator of this plan and he/she is aware that the rollover is being made.
- o A Traditional IRA (**NOTE:** Roth IRA rollovers are a taxable event per the IRS guidelines)**.**

Pay this direct rollover as follow. Please check one.

- o Transfer the fund directly to the receiving plan noted below.
- o Send the check to me for delivery to the receiving plan.

RECEIVING PLAN INFORMATION

I Certify that the receiving plan, identified below, is a plan qualified under code 401 (a) or a Traditional IRA.

NAME OF RECEIVING PLAN OR TRADITIONAL IRA

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ACCOUNT NUMBER ____

ADDRESS OF QUALIFIED PLAN OR REVEIVING FINANCIAL INSTITUTION __________________________

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PARTICIPANT INFORMATION

NAME OF PARTICIPANT ____

SOCIAL SECURITY NUMBER ________________________ PHONE NUMBER ____________________

ADDRESS____

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- o My spouse has consented to this direct rollover, if spousal consent is required, and the plan administrator has received a copy of the spousal consent form.

OTHER INFORMATION THAT WILL ENABLE THE MONEY BEING TRANSFERRED TO BE APPROPRIATELY IDENTIFIED BY THE RECEIVING PLAN OF FINANCIAL INSTITUTION.

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The plan administrator may reasonably rely on the above information in making this direct rollover on my behalf.

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(Signed) (Date)