

Local No. 60

IMPORTANT: TO TAKE ADVANTAGE OF THE DIRECT ROLLOVER OPTION, 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.

- Another qualified plan (I have contacted the sponsor/plan administrator of this plan and he/she is aware that the rollover is being made.)
- An IRA (I have opened and IRA as noted below.)

Pay this direct rollover as follow. Please check one.

- Transfer the fund directly to the receiving plan noted below.
- 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 an IRA.

NAME OF RECEIVING PLAN OR IRA _____

ACCOUNT NUMBER _____

ADDRESS OF QUALIFIED PLAN OR RECEIVING FINANCIAL INSTITUTION _____

PARTICIPANT INFORMATION

NAME OF PARTICIPANT _____

SOCIAL SECURITY NUMBER _____ PHONE NUMBER (____) _____

ADDRESS _____

- 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.

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

(SIGNED)

(DATE)