

Heavy and General Laborers' Local 472 and Local 172 Annuity Fund

700 Raymond Blvd. Newark, NJ 07105 (973)589-5050

DIRECT ROLLOVER FORM

Please fill out this application if you are eligible to receive benefits from this Plan and wish to have your individual account distributed as a rollover to an Individual Retirement Account (IRA) that you have established or to another Qualified Retirement Plan.

PLEASE PRINT OR TYPE

Section 1

Name: _____

Address: _____
(No. and Street) (City) (State) (Zip Code)

Social Security #: _____ **Local #:** _____ **Member #:** _____

Phone #: _____ **Birth Date:** _____ **Male/Female:** _____

Note: If you are the surviving spouse of a deceased participant, please enter the deceased participant's name and Social Security Number here:

Deceased Participant's Name Social Security #

I hereby request that payment of my full Annuity Fund account be made directly to
(Please enter your financial institution's information below):

Bank or Qualified Plan Name **IRA # or Qualified Plan Account #**

_____ on my behalf.

Mailing Address

I am applying for benefits in accordance with the Plan Rules and Regulations. By distributing my account balance to the above named Financial Institution I am releasing the Annuity Fund Trustees from any further obligations or responsibilities on my behalf. Furthermore, said Trustees shall not in any way be responsible for or accountable for future earnings or losses on the principal amount of monies so transferred.

Signature Date

*****IMPORTANT*** Please note: In order to effectuate this transfer, you must complete Section 2 and also attach a copy of your financial institution's Acceptance Letter or a copy of their Acceptance of IRA Rollover form.**

Section 2

(Check One and sign in front of a Notary Public or an Annuity Fund Office representative. Then, send this application along with your financial institution's Acceptance Form to 700 Raymond Blvd. Newark, NJ 07105)

A. I hereby certify that **I am not presently married** and request that Plan benefits to which I am entitled be paid to me as stated in Section 1 of this application.

Signature

Date

Fund Representative (If signed at Fund Office)

Date

Notary Public Signature (If by mail)

Sworn to and subscribed
before me this ____ day
of _____, 20__ .

My commission expires _____.
Seal:

B. I hereby certify that **I am presently married** and request that Plan benefits to which I am entitled be paid to me as stated in Section 1 of this application.

Signature

Date

I hereby certify that I am the spouse of the above participant. I understand that by transferring his/her account balance in full, I will not be entitled to any monies, payments or benefits from the Annuity Fund.

Spouse's Signature

Date

Fund Representative (If signed at Fund Office)

Date

Notary Public Signature (If by mail)

Sworn to and subscribed
before me this ____ day
of _____, 20__ .

My commission expires _____.
Seal:

HEAVY AND GENERAL LABORERS' LOCAL UNIONS 472 AND 172

OF NEW JERSEY ANNUITY PLAN

Election or Rejection of Direct Rollover to an IRA or Retirement Plan

Complete this form only if you are receiving a payment in a lump sum or installment payments over a period of less than ten years.

Name Social Security Number

Street Address

City State Zip Code

When you receive your benefit in a lump sum (or in installment payments over a period of less than 10 years), that payment will be an "eligible rollover distribution." You may elect to have part or all of that distribution transferred directly to a traditional IRA, a Roth IRA or to an eligible employer plan (if it accepts rollovers).

If you choose **not** to have an eligible rollover distribution transferred directly to a traditional IRA or an eligible employer plan, the Plan is required to withhold 20 percent of the payment for federal income taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe. For further information on direct rollovers and withholding, please read the attached "Rollover Notice" carefully. You also may wish to consult your tax advisor before making this election.

1. Please read the following statement and select the appropriate box:

Federal law requires that I be given at least 30 days before my Annuity Start Date in which to decide whether or not to receive all or part of my distribution in the form of a rollover. I understand I may waive this 30-day period.

Please check one box: *I will* *I will not* *waive the required 30-day waiting period.*

2. Please check the box indicating how you would like to receive your distribution from the Annuity Plan.

- I do not want to roll over any of my payment to an IRA or other qualified retirement plan. Please pay me the full amount of my lump sum benefit, after withholding 20% for federal income taxes as required by law.
- I want to roll over my payment directly to a regular IRA, a Roth IRA, or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.
- I would like to have only **part** of my payment directly rolled over. Please roll over \$_____ to the IRA or qualified retirement plan named below, and pay the remainder of my benefit to me, after withholding 20% for federal income taxes as required by law.

Name of IRA Custodian or Qualified Retirement Plan Account Number

Mailing Address

CERTIFICATION

3, Please read the following statement, and sign and date this form below:

I have received the Heavy and General Laborers' Local Unions 472 and 172 of New Jersey Annuity Plan Rollover Notice. I understand that payment of my benefits to the IRA custodian or trustee of an eligible employer plan will release the Trustees of Heavy and General Laborers' Local Unions 472 and 172 of New Jersey Annuity Plan from any further obligations or responsibilities with respect to the benefit paid.

Signature

Date