

**Election or Rejection  
Of  
Direct Rollover to an IRA or Retirement Plan**

**ATTENTION:** BEFORE COMPLETING THIS FORM YOU SHOULD READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU ALSO MAY WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

COMPLETE ALL INFORMATION ON THIS LETTER AND THE FORMS **ONLY** IF YOU WILL RECEIVE A PAYOUT IN A LUMP SUM. THIS INFORMATION MUST BE COMPLETED AND THE FORM **NOTARIZED** BEFORE ANY BENEFITS WILL BE PAID TO YOU.

You may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers). If you choose not to have an eligible rollover distribution transferred directly to an IRA or other retirement 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 Special Notice Regarding Plan Payments that the Plan has given you.

If your benefit is more than \$500, you may choose to have only part of the payment directly rolled over, and to have the rest paid to you. Withholding will be taken out of any part that is not directly rolled over. If you want to have only part of your payment directly rolled over, please tell us the amount (at least \$500) that you would like to roll over.

**THIS FORM MUST BE SIGNED BY BOTH THE PARTICIPANT AND SPOUSE AND BE NOTARIZED UNLESS YOU AND YOUR SPOUSE COMPLETE THE FORM IN THE FUND OFFICE.**

Check below to indicate whether or not you elect a direct rollover of your pension payment:

\_\_\_\_\_ I do not want to rollover any of my payment to an IRA or other qualified retirement plan. Pay me the full amount of my benefits, after withholding 20 percent for federal income taxes as required by law (and any required state income tax withholding).

\_\_\_\_\_ I want to roll over my payment directly to an 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 percent for federal income taxes as required by law.

\_\_\_\_\_ I would like to withdraw a portion of my Individual account balance and leave the remainder in my account. Please disburse \$\_\_\_\_\_ with the understanding that the distribution will be subject to the 20 percent federal withholding as required by the law. In addition I understand that I will not be allowed a partial distribution no more frequently than once during any 12 consecutive month period.

**PLEASE PRINT THE FOLLOWING:**

\_\_\_\_\_  
Participant's Name/Spouse-Beneficiary's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Balance of Account

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Age As Of Date Of Application

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Notary

If you elected a direct rollover, you must provide all of the following information. Until you provide this information, no direct rollover can be made.

Please make payment of my benefits on my behalf to:

\_\_\_\_\_  
Name of IRA Trustee or Qualified Retirement Plan

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**CERTIFICATION**

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a direct rollover that I have named is an Individual Retirement Account, an Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Plumbers and Steamfitters Local 106 Defined Contribution Plan from any further obligations or responsibilities with respect to the benefits so paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE RETURNED WITH THE COMPLETED APPLICATION FORM**

I \_\_\_\_\_, have received from the Fund office  
a notice regarding the **Mandatory Special Tax Requirements** on certain distributions paid to me by the  
Plumbers and Steamfitters Local 106 Pension Trust Fund.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

I CERTIFY I AM ELIGIBLE TO RETIRE ACCORDING TO THE RULES OF THE PLAN FOR THE PLUMBERS AND STEAMFITTERS LOCAL 106 DEFINED CONTRIBUTION PLAN. I AM NO LONGER EMPLOYED IN WORK OF ANY TYPE IN THE PLUMBING AND PIPEFITTING INDUSTRY WITHIN THE JURISDICTIONAL AREA OF THE UNION.

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Name

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Social Security Number

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Date