

Ironworkers District Council of the Pacific Northwest Field Ironworkers Annuity Trust Fund

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 • Mailing Address PO Box 34203 Seattle, WA 98124

Phone (206) 441-7226 or (866) 986-1515 • Fax (206) 505-9727 • Website www.ironworkerstrust.com

Administered by

Welfare & Pension Administration Service, Inc.

REQUEST FOR TRUST FUND TO ACCEPT ROLLOVER

The Pacific Northwest Field Iron Workers Annuity Trust accepts rollover contributions of the entire interest paid in another qualified Plan. The lump sum distribution must be paid to you because of death, separation from service, or attainment of age 59-1/2. The rollover must also be transferred to the Annuity Plan no later than 60 days after receipt of the distribution. The distribution must be from a "qualified plan" which means a pension, profit sharing, or stock bonus plan qualified under Section 401(a) of the Internal Revenue Code. The Annuity Plan cannot accept distribution from an Individual Retirement Account (IRA).

To request the Annuity Plan accept a rollover, please complete the following:

I, _____ (SSN) _____, request
Print Name

that the Pacific Northwest Field Iron Workers Annuity Trust Fund accept rollover contributions on my behalf from the following qualified plan:

Name of Plan

Street Address

City

State

Zip Code

Telephone Number

The amount of my distribution from the qualified Plan is \$ _____ and was due to:

(Check one)

Separation from service

Attainment of age 59-1/2

Death

Other (please specify) _____

YOUR SIGNATURE IS REQUIRED ON THE REVERSE SIDE OF THIS FORM

Does the amount of the rollover distribution equal your entire interest in the plan distributing the contributions?

_____YES _____NO

Were any of the rollover funds made as voluntary contributions after you were taxed on the contributions (but not the earnings on them)?

_____YES _____NO

The Annuity Plan accepts only those rollovers which are made pursuant to the terms of the Plan and which, in the opinion of the Trustees, will not jeopardize the tax exempt status of the Plan or Trust. Before accepting any transfer, the Trustees may require that it be established that the distribution is eligible for transfer.

Participant Address

City State Zip Code

(_____) _____
Home Phone Number

(_____) _____
Cell Phone Number

I certify under penalty of perjury that the foregoing is true and correct.

Participant Signature

Date

Please return this form along with a check in the amount of your lump sum distribution payable to:

**Pacific Northwest Field Iron Workers Annuity Trust
PO Box 34203
Seattle, WA 98124**