

Eligible Rollover Distribution Election Form

Participant's Data		
Social Security No. _____	Date _____	
Name _____		
(First)	(MI)	(Last)
Hire Date _____	Termination Date _____	
Birth Date _____	Marital Status _____	
Spouse or Non-Spouse Beneficiary Data (if applicable)		
Social Security No. _____	Date _____	
Name _____		
(First)	(MI)	(Last)

Your Eligible Rollover Distribution is \$ _____

Mandatory 20% withholding applies to all distributions paid directly to you. If applicable, State withholding will also be taken.

Check appropriate lines depending on the dollar amount of the distribution.

Participant _____ or Alternate Payee _____

If your distribution is greater than or equal to \$200 but less than \$500:

Your distribution is eligible for a direct rollover or partial direct rollover. Elect one of the following:

_____ Total distribution paid to you

_____ Total direct rollover to the IRA or qualified retirement plan (QRP) listed on page 2.

Participant _____, Alternate Payee _____, Surviving Spouse _____ or Non-Spouse Beneficiary _____

If your distribution is greater than or equal to \$500:

Your distribution is eligible for a direct rollover or partial direct rollover. Elect one of the following:

_____ Total distribution paid to you

_____ Total direct rollover to the IRA or qualified retirement plan (QRP) listed on page 2.

_____ Partial distribution/partial direct rollover (no less than \$500) as indicated below:

\$ _____ or _____ % rolled over to IRA listed on page 2.

\$ _____ or _____ % paid to you.

IF ANY AMOUNT IS PAID TO YOU, 20% FEDERAL INCOME TAX WILL BE WITHHELD FROM YOUR CHECK.

YOU MUST SIGN AND DATE THIS FORM ON THE NEXT PAGE.

If you elect a direct rollover, please provide the following information:

Direct Rollover Information:

Bank/Company Name _____
Address _____
Contact Person _____ Phone Number _____
Name of IRA/QRP _____
Account Number _____
ABA Number _____ Bank Reference Number _____

Direct Rollovers will be paid by a check made payable to the bank named above as trustee of the Individual Retirement Account of _____ or to the Trustee of the _____ Plan and marked FBO (for benefit of) (insert name) _____, who is the Participant _____, Alternate Payee _____, Surviving Spouse _____ or Non-Spouse Beneficiary _____.

I represent that, if I am making a direct rollover, the account receiving the direct rollover is an individual retirement account described in Section 408(a) of the Internal Revenue Code, an individual retirement annuity described in Section 408(b) of the Internal Revenue Code, an annuity plan described in Section 403(a) of the Internal Revenue Code, or a qualified trust described in Section 401(a) of the Internal Revenue Code. I understand that I have 30 days to make a distribution election, but that I may make my election at any time after I receive this notice. Also, I understand that I must return this election form within 30 days from the date I receive this form. If you do not receive my election within 30 days, you will distribute my benefit by check and automatically withhold 20%. I understand this mandatory withholding is described in the enclosed "Special Tax Notice Regarding Plan Payments," which also provides information on lump-sum distributions and direct rollovers. I state that I have received and understand the Special Tax Notice Regarding Plan Payments. I also understand and hereby authorize the Indiana Laborers Pension Fund to access or verify any information pertaining to the account listed above.

Signature of (check one)
Participant _____, Alternate Payee _____,
Surviving Spouse _____ or
Non-Spouse Beneficiary _____

Date