

**DIRECT ROLLOVER REQUEST FORM**

**Joint Annuity Fund of Local Union No. 164 I.B.E.W.**

SAMPLE ONLY

This form allows you to choose a direct rollover transfer of your annuity fund distribution.  
This form is not valid without your signature.



**1 PARTICIPANT INFORMATION**

123 - 45 - 6789  
SOCIAL SECURITY NUMBER

DOE  
LAST NAME

JOHN  
FIRST NAME

\_\_\_\_\_  
M.I.

**2 ROLLOVER OPTIONS**

**You must choose option 1, 2, or 3.**

**OPTION 1**

**Direct Rollover to an IRA**

If you have an IRA and you want your distribution check payable to that IRA trustee as a direct rollover, please complete the following. (Distributions will not be paid to more than one institution.)

I hereby represent that the IRA named below (1) is qualified under Section 408 of the Internal Revenue Code and (2) has agreed to accept my direct rollover.

Name and address of IRA Institution: NAME OF INSTITUTION RECEIVING YOUR ROLLOVER  
ADDRESS OF INSTITUTION RECEIVING YOUR ROLLOVER

Name of trustee, custodian, or insurance company (this *must* be provided): \_\_\_\_\_

Account Number ACCOUNT NUMBER OF YOUR IRA

Person to contact at Institution MUST BE PROVIDED Tel. # ( \_\_\_\_\_ ) MUST BE PROVIDED

**You must have a confirmation number or other written identification of your IRA, please attach a copy of it to this form.**

**OPTION 2**

**Direct Rollover to a Putnam Master IRA**

Please complete a Putnam Master IRA Application. Your account balance will automatically be transferred to the IRA.

**OPTION 3**

**Direct Rollover to Another Qualified Plan**

If a qualified retirement plan sponsored by another employer or Local has agreed to accept a direct rollover of your distribution and you want your distribution check payable to the new trustee of that plan as a direct rollover, complete the following:

I hereby represent that the plan named below (1) is qualified under Section 401(a) of the Internal Revenue Code and (2) has agreed to accept my direct rollover.

Name and address of employer or Local: \_\_\_\_\_

Name and address of this trustee (this *must* be provided): \_\_\_\_\_

Person to contact at Institution \_\_\_\_\_ Tel. # ( \_\_\_\_\_ ) \_\_\_\_\_

You must have a written statement from the plan confirming that it is qualified or that it has agreed to accept your direct rollover, attach a copy of that statement to this form.

**3 PARTICIPANT SIGNATURE**

X  
Signature of Participant

\_\_\_\_\_  
Date

**Please return the white and canary copies of this form to:**

Joint Boards  
Local Union #164, I.B.E.W.  
65 West Century Road  
Paramus, NJ 07652

**FOR FUND OFFICE ONLY**

X  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE