

**CHICAGO REGIONAL COUNCIL OF CARPENTERS PENSION FUND
SUPPLEMENTAL ANNUITY PLAN
DIRECT ROLLOVER FORM
1-877-UNION-44 (1-877-864-6644)**



- Use this form to provide information needed to make a direct rollover of all or a portion of your eligible rollover distribution from the Plan to an individual retirement account ("IRA") or another qualified plan. Please complete in ink. This form is not valid without your signature. This form must be notarized.
- This form must accompany one of the following forms: Distribution Authorization Form or Beneficiary and Alternate Payee Distribution Form.

1. PARTICIPANT INFORMATION (PRINT CLEARLY IN INK)

_____-_____-_____
SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____
DATE OF HIRE _____
 M S
MARITAL STATUS

LAST NAME _____
FIRST NAME _____
M.I. _____

ADDRESS _____
APT. # _____

CITY _____
STATE _____
ZIP CODE _____

(_____)_____-_____
DAYTIME TELEPHONE NUMBER (_____)_____-_____
EVENING TELEPHONE NUMBER

2. DIRECT ROLLOVER AMOUNT

Note that amounts not rolled over are subject to 20% mandatory withholding.

I have elected a direct rollover of my eligible rollover distribution as follows (check one):

- Roll over my entire eligible rollover distribution.
- Roll over a portion of my eligible rollover distribution per the following. Check one and complete:
(Note that the minimum direct roll over amount is \$500.)
 - Roll over _____% of my distribution.
 - Roll over \$ _____ and pay the balance to me.
 - Pay \$ _____ to me and roll over the balance.

Note: Effective July 1, 2010 Non-spousal beneficiaries may only roll over to an inherited IRA. Please refer to the enclosed Special Tax Notice.

3. RECEIVING IRA OR QUALIFIED PLAN

My direct rollover should be paid to the following IRA or qualified plan:

- employer plan traditional IRA Roth IRA* (check one and complete this section, attach additional pages if necessary)

NAME OF TRUSTEE OR CUSTODIAN

PLAN NAME

MAILING ADDRESS

CITY _____
STATE _____
ZIP CODE _____

Payments will be directly mailed to new trustee or custodian.

Account # : _____

(If an account number is not provided or if your account number is your social security number, your direct rollover will be made payable to the trustee or custodian designated above but mailed to your address of record.)

***Please refer to the Special Tax Notice Regarding Plan Payments for the tax consequences associated with rolling over to a Roth IRA.**

4. PARTICIPANT SIGNATURE & NOTARY SIGNATURE/STAMP

I make the direct rollover elections indicated above. I have read the Special Tax Notice Regarding Plan Payments and understand that I have at least 30 days to decide whether or not to elect a direct rollover of any eligible rollover distribution. I have read the Notice of Distribution Options and understand my distribution alternatives and my right to defer distributions under the Plan. I represent that I have taken all necessary action so that the receiving IRA or qualified plan will accept my rollover contribution.

Signature of Participant _____
Date (MM-DD-YYYY)

This form is not valid unless it is notarized.

I certify that _____ personally appeared before me and signed this document in my
Printed Name of Participant

presence this _____ day of _____ in the year _____.

Signature of Notary Public

(Notary Stamp)



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