



**INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 150 SUPPLEMENTAL PENSION FUND**



ROLLOVER INTO PLAN FORM

Please complete the following information (type or print).

PARTICIPANT'S NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	TELEPHONE NO.
STREET ADDRESS	CITY	STATE	ZIP CODE

I have received a description of the Plan, and I hereby elect to make the following rollover:

I. ROLLOVER ELECTION

I understand that the Plan permits me to roll over amounts from an eligible retirement plan provided certain conditions are met. In requesting to make a rollover into the Plan, I hereby certify that I am entitled to the distributions from the eligible retirement plan as an employee or surviving spouse beneficiary, the distribution is not: one of a series of periodic payments received, a required minimum distribution because I am age 70-1/2, a hardship distribution, a loan distribution from the eligible retirement plan, and the entire amount being rolled over would be includable in my income if it were not rolled over. The requested rollover is from the following:

Check the appropriate box:

- Retirement Plan** - All or a portion of an "eligible rollover distribution" from a retirement plan (that is a 401(a)/401(k) plan, 403(b) plan or a governmental 457 plan) ("Retirement Plan"), excluding, however, the portion consisting of any after-tax contributions and Roth contributions either transferred directly or rolled over within 60 days of my receipt.
- Traditional IRA** - All or a portion of a distribution (excluding any amounts that would not be included in my income) from a traditional IRA either transferred directly or distributed to me within the last 60 days.

II. AMOUNT OF ROLLOVER CONTRIBUTION

Total Amount of Rollover Contribution: \$ _____

NOTE: A rollover cannot consist of any after-tax contributions.

A bank check, cashier's check, money order or check issued by a financial institution for the rollover is attached and made payable to "NYLTC".

The check must also include your name and the last four digits of your Social Security number.

NOTE: Checks that are not made payable in the required format will be returned to you and your rollover request will be denied.

Please do not sign the check.

III. INVESTMENT ELECTION

I hereby authorize the Trustees to invest my rollover contribution in accordance with my future contribution investment election that was in effect on the date that I requested this form.

I understand that if I do not have an investment election on file, my rollover amount will be invested in the IBEW 150 Core Fund.

After this rollover investment election has been processed, you may change the investment of your existing account balance (which includes the rollover election made on this form) any business day (a day on which the New York Stock Exchange (NYSE) is open) by using *Benefits Complete*[®] (www.bcomplete.com or 1-800-294-3575). Any change made and confirmed to your investment election before 4:00 p.m. Eastern Time (ET) any business day will generally be effective as of the close of that day. A change confirmed on or after 4:00 p.m. ET, or on weekends or holidays, will generally be effective as of the close of the next business day. In the event the NYSE closes prior to 4:00 p.m. ET on any business day, a change made and confirmed before the time the NYSE closes will generally be effective as of the close of that day. A change made or confirmed on or after such closing time will generally be effective as of the close of the next business day.

IV. SIGNATURE SECTION (IMPORTANT- READ THIS SECTION BEFORE SIGNING THE FORM.)

ROLLOVER FROM RETIREMENT PLAN - In the event the rollover is from a Retirement Plan, I certify that the rollover is an eligible rollover distribution received from a Retirement Plan.

ROLLOVER FROM AN IRA - In the event the rollover is from an IRA, I certify that the rollover is from a traditional IRA and is eligible for rollover distribution.

60-DAY ROLLOVER - In the event the rollover is directly transferred to the Plan by me instead of in a direct rollover from a financial institution or a Retirement Plan, I certify the transfer is made within 60 days of the date I received the IRA or Retirement Plan distribution.

Signature of Employee: _____ **Date:** _____

V. FUND OFFICE AUTHORIZATION

Signature of Fund Office Representative: _____ **Date:** _____

Please Return Completed Form To:
IBEW LOCAL NO. 150 SUPPLEMENTAL PENSION FUND
6525 CENTURION DRIVE
LANSING, MI 48917
TOLL-FREE (877) 478-4542; (517) 321-7508 FAX

LO4605-Rollover

20255687v2