## **DISTRICT COUNCIL 37 AFSCME ANNUITY FUND**

55 Water Street

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Fax: (212) 815- 1325 Email: ahp@dc37.net

## ROLLOVER/TRANSFER ELECTION FORM

Attention: Before completing this form you should read the Special Tax Notice Regarding Plan Payments carefully. You also may wish to consult your tax advisor before making this election.

Please read all instructions carefully. Complete all applicable items.

Remember to <u>SIGN</u> and <u>DATE</u> the reverse side of this application.

Use BLUE or BLACK ink only. Please PRINT one letter per box. Thank you.

If you are a Participant in the District Council 37, AFSCME Annuity Fund Plan (the "Plan"), the Surviving Spouse of a Participant, or an Alternate Payee (a spouse or former spouse designated as an alternate payee under a domestic relations order determined to be qualified by the Plan), you may elect to have your lump sum distribution transferred directly to a traditional Individual Retirement Account or Annuity (IRA), a Roth IRA, or an eligible employer plan (if it accepts rollovers) as an eligible rollover distribution. If you are a Participant, you may also use this form to request a plan-to-plan transfer under Section 4.06. If you are a nonspouse Beneficiary of a Participant, you may elect to have your lump sum distribution transferred directly to a traditional IRA or a Roth IRA as an eligible rollover distribution (but not to another qualified retirement plan). If you choose not to have your eligible rollover distribution transferred directly to an IRA or other employer plan, the Fund is required to withhold twenty percent (20%) of the distribution for federal income taxes. This withholding does not increase your taxes, but will be credited against any income tax you owe. (For further information on direct rollovers and withholding, please read the Special Tax Notice Regarding Plan Payments that the Fund has given you.)

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Mr.	Mrs.			]	Ms.			(Please choose one)								
Last																
First																
2. Soci	ial Sec	curity	Nun	nber:					_			_				

## Please submit your *Notarized BENEFIT APPLICATION* along with this form.

You must provide <u>ALL</u> of the following information. <u>Until you provide this information, no rollover or transfer can be made.</u>

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