

PARTICIPANT INFORMATION

Social Security # _____ Date of birth (mm/dd/yyyy) _____
Name _____
Address _____
City _____ State _____ Zip _____

WITHDRAWAL CLASSIFICATION

Form of final distribution: (choose one) See below for additional information.

Direct rollover to:

Note: These options apply to a total direct rollover of cash.

- Vanguard IRA Other Eligible Retirement Plan: IRA or Qualified Plan
(Obtain Direct Rollover Kit)

Vanguard IRA – By selecting this option, you may choose to have all of your eligible balance rolled over to a Vanguard IRA. Obtain Direct Rollover Kit from your Benefits Office.

Other Eligible Retirement Plan: IRA or Qualified Plan – By selecting this option, you may have all of your eligible cash balance rolled over to an IRA or Qualified Plan. It is your responsibility to open an account at the receiving institution prior to initiating your direct rollover through Vanguard.

DISTRIBUTION – DIRECT ROLLOVER ONLY

Eligible rollover distribution: 100% to be transferred as direct rollover

If you wish to make a direct rollover to an institution, it is your responsibility to open an account before providing the following information. You must make sure that your rollover meets any minimum contribution requirements. By signing this form, you are certifying that the account to which your funds are to be deposited is a qualified plan, an IRA or an annuity.

Choose one: IRA Annuity Qualified Plan

Trustee Name _____
(Please show name exactly as check should be made out.)

Plan/Account Name _____

Plan Number _____ Account Number _____
(if applicable) Note: If account number is not provided, the Direct Rollover check will be mailed to you.

Address _____
City _____ State _____ Zip _____

AUTHORIZATION

Signature of Participant Date Signature of Plan Administrator Date

Return the original of this form to: IBEW Local 697 Benefits Office
7200 Mississippi St, Ste 300, Merrillville, IN 46410