

Road Carriers Local 707 Pension Fund

Rollover Election Form

IMPORTANT! If you want to rollover your lump-sum payment, it is important that you complete and return this Rollover Election Form no later than April 20th, 2022. If you do not return the completed Rollover Election Form by April 20th, 2022 then your lump-sum payment will be paid directly to you and we will withhold 20% for federal income tax purposes. Please return the completed form to: Road Carriers Local 707 Pension Fund, 14 Front Street, Suite 301, Hempstead, NY 11550

Name: _____ Last 4 of SS# or Fund ID#: _____

Estimated Lump-Sum Payment _____

PART A - PARTICIPANT'S ACKNOWLEDGEMENT AND ELECTION:

I, _____, have read "Your Rollover Options" form attached hereto. I
(Participant's Name)

understand that I may choose whether all or a portion of the payment due me from the Fund is to be paid in a "DIRECT ROLLOVER" or to me. Based on this information, I hereby elect:

- I 1. **DIRECT ROLLOVER.** I choose to have THE ENTIRE AMOUNT OF THE PAYMENT paid in a "DIRECT ROLLOVER" to:

Name of IRA or Plan Trustee, Custodian or other Qualified Retirement Plan to receive the Direct Rollover):

Account Number of IRA or Plan Trustee, Custodian or other Qualified Retirement Plan to receive the Direct Rollover): _____

Address of the party to receive the Direct Rollover:

- I 2. **PAID TO ME.** I choose to have THE ENTIRE AMOUNT OF THE PAYMENT paid directly to me. I understand that federal law requires the Fund to withhold 20% of the distribution for federal income taxes and that I may be liable for additional federal taxes described in the attached form.

Participant's Signature

Date