ANNUITY PLAN OF THE ELECTRICAL INDUSTRY
WITHHOLDING/ROLLOVER ELECTION FORM

Before making your election, you should read the enclosed IRS notice concerning rollovers and withholding taxes that are applicable to your distribution. You also may wish to consult your tax advisor before making this choice.

YOU MUST CHECK BOX A, B, C OR D BELOW:

A. ☐   I do not elect to roll over the distribution made from the Annuity Plan and I understand that 20 percent will be withheld for Federal income tax purposes, as required by law.

B. ☐   As a non-spouse beneficiary, I elect not to have any taxes withheld from my distribution.

C. ☐   I elect to have my distribution rolled over to: Check one: ☐ Qualified Plan   ☐ Traditional IRA   ☐ Roth IRA
☐ Beneficiary inherited IRA

_____
(Indicate how payee line of rollover check is to be made including Account #)

_____
(Name of IRA Trustee or Qualified Plan)

_____
(Mailing Address)

Indicate where rollover check should be forwarded - Check one

☐ Directly to me.   ☐ Directly to the organization accepting the rollover at the above address.

D. ☐   I am not eligible to roll over my distribution for one of the following reasons:

☐ Age 70 1/2 or older   ☐ Account balance exhausts in 10 or more years

Shall we withhold 20% Federal Tax? ☐ Yes   ☐ No

I hereby affirm that I have read the enclosed IRS notice and the foregoing paragraphs before signing this form. I certify that if I have chosen a direct rollover, the above named recipient is an Individual Retirement Account, an Individual Retirement Annuity or a qualified retirement plan that accepts rollovers. I agree to indemnify and hold harmless the fiduciaries of the Plan from any damages, fines, penalties and litigation costs incurred as a result of their actions in reliance upon the statements made herein.

_____   _____
Print Your Name   Member's S.S. #

_____   _____
Signature   Date

_____   _____
Your Date of Birth   Beneficiary's S.S. #   (If applicable)

* If you are a beneficiary, indicate your relationship to member (*circle one*):
(Spouse, Child, Other) If Other, indicate _____

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