

**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 or C BELOW. FAILURE TO DO SO WILL RESULT IN THE AUTOMATIC 20% FEDERAL TAX WITHHOLDING OUT OF EACH PAYMENT.**

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.  I elect to have my distribution rolled over to an eligible retirement plan as indicated below.

\_\_\_\_\_  
*(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.

C.  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 \_\_\_\_\_