

ROLLOVER INTO PLAN FORM
Puget Sound Electrical Workers 401(k) Savings
Plan

| PARTICIPANT'S NAME | | SOCIAL SECURITY NO. | DATE OF BIRTH | |
|--------------------|------|---------------------|---------------|----------|
| | | | | |
| STREET ADDRESS | CITY | | STATE | ZIP CODE |
| | | | | |



LO13055001

ROLLOVER INTO PLAN FORM
Puget Sound Electrical Workers 401(k) Savings
Plan

| PARTICIPANT'S NAME | | SOCIAL SECURITY NO. | DATE OF BIRTH | |
|--------------------|------|---------------------|---------------|----------|
| | | | | |
| STREET ADDRESS | CITY | | STATE | ZIP CODE |
| | | | | |

I. ROLLOVER ELECTION

I understand that the Plan permits me to roll over amounts from an eligible retirement plan provided certain conditions are met. In requesting to make a rollover to the Plan, I hereby certify that I am entitled to the distribution from the eligible retirement plan as an employee or surviving spouse beneficiary, the distribution is not one of a series of periodic payments received from the eligible retirement plan, and the entire amount being rolled over would be includible in my income if it were not rolled over. The requested rollover is from the following:

Check the appropriate box:

- Retirement Plan** - All or a portion of an "eligible rollover distribution" from a retirement plan (that is a 401(a)/401(k) plan, 403(b) plan or a governmental 457 plan) ("Retirement Plan"), excluding, however, the portion consisting of any after-tax contributions and Roth contributions either transferred directly or rolled over within 60 days of my receipt.

- Conduit IRA** - All or a portion of a distribution to me from a conduit Individual Retirement Account ("IRA"). It consists solely of amounts distributed from a Retirement Plan either transferred directly or deposited to the IRA within 60 days of my receipt of the original distribution. (**NOTE:** A rollover from a conduit IRA to the Plan can be made only if you never made any other contributions to the IRA.)

II. AMOUNT OF ROLLOVER CONTRIBUTION

Total Amount of Rollover Contribution: \$ _____

A bank check, cashier's check, money order or check issued by a financial institution for the rollover is attached and made payable to "JHTC." **The check must also include your name and last four digits of your Social Security number.**

NOTE: Checks that are not made payable in the required format will be returned to you and your rollover request will be denied. Please do not sign the check.

III. INVESTMENT ELECTION

I hereby authorize the Custodian to invest my rollover contribution in accordance with my future contribution investment election that was in effect on the date that I requested this form.



LO13055001

ROLLOVER INTO PLAN FORM

Puget Sound Electrical Workers 401(k) Savings Plan

| PARTICIPANT'S NAME | | SOCIAL SECURITY NO. | DATE OF BIRTH | |
|--------------------|------|---------------------|---------------|--|
| | | | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE | |
| | | | | |

I understand that if I do not have an investment election on file, my rollover amount will be invested in the default fund based upon my year of birth in accordance with the following chart:

| | |
|---|---|
| If Your Year of Birth Is: 1943 or earlier 1944 to 1946 1947 to 1951 1952 to 1956 1957 to 1961 1962 to 1966 1967 to 1971 1972 to 1976 1977 to 1981 1982 to 1986 1987 to 1991 1992 or later | Then Your Default Investment Option Is: Vanguard Target Retirement Income Fund Vanguard Target Retirement 2010 Fund Vanguard Target Retirement 2015 Fund Vanguard Target Retirement 2020 Fund Vanguard Target Retirement 2025 Fund Vanguard Target Retirement 2030 Fund Vanguard Target Retirement 2035 Fund Vanguard Target Retirement 2040 Fund Vanguard Target Retirement 2045 Fund Vanguard Target Retirement 2050 Fund Vanguard Target Retirement 2055 Fund Vanguard Target Retirement 2060 Fund |
|---|---|

I understand that after this form has been processed, my rollover contribution will be part of my existing account balance and subject to future investment election changes made to my existing account balance.

NOTE: After this rollover contribution has been processed, you may change the investment of your existing account balance any business day (a day on which the New York Stock Exchange (NYSE) is open) by contacting John Hancock. Any change made and confirmed to your investment election before 4:00 p.m. Eastern Time (ET) any business day will generally be effective as of the close of that day. A change confirmed on or after 4:00 p.m. ET, or on weekends or holidays, will generally be effective as of the close of the next business day. In the event the NYSE closes prior to 4:00 p.m. ET on any business day, a change made and confirmed before the time the NYSE closes will generally be effective as of the close of that day. A change made or confirmed on or after such closing time generally will be effective as of the close of the next business day.

IV. SIGNATURE (IMPORTANT- READ THIS SECTION BEFORE SIGNING THE FORM.)

ROLLOVER FROM RETIREMENT PLAN - In the event the rollover is from a Retirement Plan, I certify that the rollover is an eligible rollover distribution received from a Retirement Plan.

ROLLOVER FROM AN IRA - In the event the rollover is from an IRA, I certify that the rollover is from a conduit IRA and is an eligible rollover distribution.

I understand that a false statement by me may result in legal damages for which I will be fully responsible.

Signature of Employee: _____ Date: _____



LO13055001

ROLLOVER INTO PLAN FORM
Puget Sound Electrical Workers 401(k) Savings
Plan

| PARTICIPANT'S NAME | | SOCIAL SECURITY NO. | DATE OF BIRTH | |
|--------------------|------|---------------------|---------------|--|
| | | | | |
| STREET ADDRESS | CITY | STATE | ZIP CODE | |
| | | | | |

TO BE COMPLETED BY PLAN ADMINISTRATOR

The rollover request for the above Participant is: APPROVED NOT APPROVED

If approved, the undersigned hereby certifies that based on the information provided, the amount in question represents a valid rollover contribution, and is hereby accepted by the above-referenced Plan.

Plan Administrator: _____ *Date:* _____

Date form received by Plan Administrator: _____

Return this form to: Trust Office, Puget Sound Electrical Workers 401(k) Savings Plan, c/o Welfare and Pension, Administration Services, Inc., PO Box 34203, Seattle, WA 98124.



LO13055001