

**ROLLOVER QUESTIONNAIRE**  
**Local 46 IBEW Retirement Annuity Plan**

Please complete the following information (type or print).

PARTICIPANT'S NAME		SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE

**Section I – Information Regarding Qualified Retirement Plan From Which the Rollover is to be Made (To be completed by participant)**

Plan(s) Name: \_\_\_\_\_ (“Plan”)

Name of Plan Sponsor: \_\_\_\_\_

Address of Plan Sponsor: \_\_\_\_\_

\_\_\_\_\_

I authorize the release of information pertaining to my participation in the above-referenced Plan.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section II – Certification by Authorization Representative of Plan Sponsor Named in Section I Above (To be completed by the authorized Plan Sponsor representative)**

The undersigned certifies that the Plan referenced above is a qualified 401(a) [, 403(b) plan or governmental 457 plan]. The Plan Administrator is not aware of any Plan provision or operation that would result in the disqualification of the Plan.

- |                                                                                         | True                     | False                    |
|-----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The person listed above was a <u>participant</u> in the Plan.                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The distribution was an eligible rollover distribution under IRC Section 402 (c)(4). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Amount of total distribution: \$ _____                                               |                          |                          |
| Amount of <u>after-tax contributions</u> included (if any): \$ _____                    |                          |                          |

**Signature of Authorized Representative of Plan Sponsor:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this form to: Trust Office, Local 46 IBEW, c/o Welfare and Pension Administration Services, Inc., Seattle, WA 98124**