

Plumbers & Steamfitters Local No. 7 Annuity Fund (Plan# 651601)
ROLLOVER CONTRIBUTION FORM
888-976-8171



- Use this form to make a rollover contribution to the Plan. Please complete in ink.
- If you are not already enrolled in the Plan, please ensure that you designate a beneficiary for your account.
- Your choices on this form may affect your taxes. You may wish to consult your own tax or financial advisor.

1. MEMBER INFORMATION

_____-_____-_____
Social Security Number Last Name First Name M.I.

Address City State Zip Code

(_____)_____
Daytime Telephone Number Evening Telephone Number E-mail Address

2. ROLLOVER CONTRIBUTION AMOUNT (Please check one of the following)

I wish to roll over the following amount into the Plan \$ _____ (may be an approximate figure).

- A check from my previous employer's qualified plan, made payable to the Transamerica Retirement Solutions, FBO "my name", is attached.
- Since the distribution was paid directly to me, I have attached a Cashier's Check or Money Order payable to Transamerica Retirement Solutions. I understand I have the option to include (or not to include) in this check the amount of any taxes withheld plus outstanding loan balance deducted from the original distribution, in order to maximize the amount rolled over and to avoid any portion of this contribution being considered taxable to me. Deemed defaulted loans are not eligible for rollover. The distribution was rolled over within 60 days of receiving the distribution(s) from my previous employer's qualified plan(s).
- This rollover is from a Conduit IRA. I have placed no additional money into this Conduit IRA other than the rollover contribution(s). A check made payable to Transamerica Retirement Solutions FBO "my name" is attached.

3. PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION

1. Transamerica cannot accept after-tax amounts if the cost basis is not provided. If you are unsure of your after-tax cost basis, contact your previous Plan Administrator to obtain/confirm this information. If this information is not received, it will be assumed that the deposit represents pre-tax amounts only.
2. If you are already enrolled in the Plan, your incoming rollover will be invested according to your existing investment allocation for payroll contributions.
3. If you are not enrolled in the Plan, your incoming rollover will be invested in the Plan level default fund. Please refer to your Summary Plan Description or contact us in order to identify the Plan's default fund. You can subsequently reallocate your investment at any time, subject to Plan provisions, by calling your Plan's toll free number or accessing your account online at my.trsretire.com.

4. REQUIRED DOCUMENTATION

Please provide one of the following to the Fund Office.

If you are rolling over from a qualified plan, you must provide **ONE** of the following forms of documentation related to your prior plan:

- IRS Determination Letter
- Distribution Statement or Summary Plan Description
- Form 1099-R

5. MEMBER CERTIFICATION

I certify that this rollover represents taxable monies originating from a previous employer's qualified plan.

Signature of Member _____
Date (MM-DD-YYYY)

6. RETURN FORM

Checks-If sending a check, mail the check and the Rollover Contribution Form to one of the following addresses, as applicable:

Regular Mail

Transamerica
Remittance Processing Center
PO Box 13029
Newark, NJ 07188

Overnight Mail

JPMorgan Chase - Lockbox Processing
Lockbox No. 13029
4 Chase Metrotech Center
Ground Level Courier on Willoughby Street
Brooklyn, NY 11245
Phone Number: (718) 242-0674 *(must be indicated on overnight air bill)*

Wire Transfers-If sending a wire transfer, mail the Rollover Contribution Form to the address below:

Form

Transamerica
4333 Edgewood Road NE
Cedar Rapids, IA 52499

Wire Instructions

State Street Bank and Trust Company
200 Clarendon Street
Boston, MA 02116-5021
Bank ABA # **011000028**
Receiving Account # **00457374**
Receiving Account name: Transamerica
Contract-Affiliate #
Contract Name