

THIS FORM MUST BE COMPLETED AND RETURNED ALONG WITH THE APPLICATION

**ROLLOVER ELECTION FORM
MASSACHUSETTS LABORERS' ANNUITY FUND**

Check below for a full or partial rollover.

_____ I want to rollover my payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.

_____ I would like to have only part of my payment directly rolled over. Please rollover \$_____ to the IRA or qualified retirement plan named on this form, and pay the remainder of my benefit to me, after withholding 20% for federal income taxes as required by law.

If you elected a direct rollover, you must provide all of the following information. If we do not receive this information within 45 days, the Plan will make the payment to you, after deducting the legally required withholding. **Please make payment of my benefits on my behalf to:**

Name of IRA Trustee or Qualified Retirement Plan

Account Number

Street Address

City

State

Zip Code

CERTIFICATION

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement:

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, and Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Massachusetts Laborers' Annuity Fund from any further obligations or responsibilities with respect to the benefits so paid.

Participant's Signature

Date

Social Security Number

OVER FOR ROLLOVER REJECTION