

ROLLOVER INTO PLAN FORM
Western States 401(k) Retirement Fund of the
OPEIU

| PARTICIPANT'S NAME | SOCIAL SECURITY NO. |
|-----------------------------|----------------------------|
| John Sample | |
| CONTACT PHONE NUMBER | E-MAIL ADDRESS |
| | |

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 includable 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 or 403(b) plan or 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.

Rollover IRA - All or a portion of a distribution to me from a rollover 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 rollover 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.



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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: | Then Your Default Investment Option Is: |
|---------------------------|---|
| 1947 or earlier | Vanguard Target Retirement Income Fund |
| 1948 to 1952 | Vanguard Target Retirement 2015 Fund |
| 1953 to 1957 | Vanguard Target Retirement 2020 Fund |
| 1958 to 1962 | Vanguard Target Retirement 2025 Fund |
| 1963 to 1967 | Vanguard Target Retirement 2030 Fund |
| 1968 to 1972 | Vanguard Target Retirement 2035 Fund |
| 1973 to 1977 | Vanguard Target Retirement 2040 Fund |
| 1978 to 1982 | Vanguard Target Retirement 2045 Fund |
| 1983 to 1987 | Vanguard Target Retirement 2050 Fund |
| 1988 to 1992 | Vanguard Target Retirement 2055 Fund |
| 1993 or later | 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: You may change the investment of your existing account balance by contacting John Hancock.

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 rollover 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: _____



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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: Western States 401(k) Retirement Fund of the OPEIU, PMB #116, 5331 S Macadam Ave,
Ste 258, Portland, OR 97239.**



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