



See reverse for instructions on completing this form

PARTICIPANT INFORMATION

Participant Name (please print)	Social Security Number
Phone Number	

ROLLOVER CONTRIBUTION INFORMATION

See your Summary Plan Description or Plan Administrator for your plan's rollover provisions. I request the Plan Administrator to accept my rollover, based on the following information. The Plan Administrator reserves the right to require additional evidence that my distribution is from a qualified retirement plan, a tax sheltered annuity, a governmental 457 plan, or an IRA, as allowed by the Plan.

Name of distributing plan or IRA custodian: _____

The requested rollover represents:

- a. An eligible rollover distribution from: a qualified retirement plan a tax-sheltered annuity a governmental 457 plan
- b. a distribution from a traditional IRA that would otherwise be includable in my gross income.
- c. a distribution from a Conduit IRA which consisted solely of an eligible rollover distribution from a qualified plan and any associated earnings, for which I wish to preserve capital gains and averaging treatment.

The distribution:

- will be paid directly from the distributing plan to The Standard on behalf of this Plan.
- is from another qualified plan; it includes after-tax contributions of \$_____, which must be accounted for separately.
- was paid to me on _____. (The Standard must receive distribution within 60 days.)

PARTICIPANT'S SIGNATURE

I verify that the information provided above is true and complete. I understand that the Plan Administrator may choose not to accept this rollover if it would jeopardize the Plan's tax status. I also understand that if this rollover is accepted, it will be directed to investments based on my contribution directives in place at the time the rollover is received by The Standard. If I do not have directives in place, the rollover will be deposited into the Plan's Default Fund.

Participant's Signature	Date
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PAYEE AND MAILING INSTRUCTIONS

The distribution check should be payable to Reliance Trust Company and mailed to:

Reliance Trust Company
FBO: (Participant's Name)
Attn: The Standard Team
1100 Abernathy Road
Building 500, Suite 400
Atlanta GA 30328

Attention: Trust Acct.: 0155818305
Plan Name: Northwest Sheet Metal Workers Supplemental Pension Plan

PLAN ADMINISTRATOR'S ACCEPTANCE

As an authorized representative of the Northwest Sheet Metal Workers Supplemental Pension Plan, I certify the Plan Administrator has investigated the rollover requested above and is satisfied that it will not jeopardize this Plan's qualified status under the Internal Revenue Code. Therefore, the rollover is accepted, and The Standard is authorized to invest these funds as directed and to establish the appropriate additional accounts for the participant.

Name and Title (please print)	
Signature	Date

Rollover Instructions

Follow these instructions to initiate a rollover from a qualified retirement plan or conduit IRA. See reverse for Rollover Application.

PARTICIPANT: COMPLETE APPLICATION FOR ROLLOVER

STEP 1

1. Complete the following sections of The Standard's Application for Rollover:
2. • Participant Information • Rollover Contribution Information • Participant's Signature
3. Provide the completed Application for Rollover to the Plan Administrator of your current employer's plan for approval and submission to The Standard Insurance.

Note: A rollover check received by Standard Retirement Services will be returned to the issuing company if a completed Application for Rollover is not also received within 10 business days.

QUESTIONS? Call the Participant Communication Team at 800.858.5420.

- The source of rollover funds may be a qualified retirement plan, a tax-sheltered annuity, a governmental 457 plan, or an IRA as allowed by your Plan. The Plan Administrator reserves the right to require satisfactory evidence that your distribution is from a source allowed by the Plan.
- If the distribution check was made payable to you, the rollover funds must be received by The Standard within 60 days of the date you received the distribution.
- If you wish to rollover taxes withheld from your eligible rollover distribution, your check for the amount of the taxes must be received within 60 days of the date you received the distribution.
- After-tax money may be eligible for rollover, but only from a qualified plan. After-tax money must be received as a direct rollover to The Standard from your prior plan. Certain types of distributions are not eligible for rollover, including required minimum distributions (on or after age 70 1/2), non-taxable payments (after-tax contributions) from IRAs, periodic payments for your life or for a period of 10 years or more, and hardship withdrawals.

PLAN ADMINISTRATOR: REVIEW AND APPROVE

STEP 2

1. Review your Plan Document to ensure the requested rollover can be accepted. More detailed instructions may be found in Section 5 of the Administration Guide available on our PlanNet® Web site.
2. If the rollover request is acceptable, complete the following sections of the Application for Rollover Form:
 - Payee and Mailing Instructions (**Include Plan Number and Plan Name.**)
 - **Plan Administrator's Acceptance**
3. To avoid processing delays, promptly fax the form to The Standard at 971.321.7998.
4. Provide a copy of the completed form to the Participant.
5. Please endorse as "Payable to The Standard" any rollover check not payable to The Standard.

PARTICIPANT: REQUEST ROLLOVER TO THE STANDARD

STEP 3

1. Request a rollover from your previous employer's plan or conduit IRA.
If you do not request a direct rollover from your previous employer's plan, federal income tax will be withheld at the rate of 20% of your taxable distribution. Additional state withholding may also occur. You can roll over up to 100% of the eligible rollover distribution, including the amount that was withheld. If you choose to roll over the amount withheld for taxes, you must deposit the money within the 60-day period.
2. The Distribution check should be **payable to Reliance Trust Company** and mailed to:

Reliance Trust Company
FBO : (Participant's Name)
Attn The Standard Team
1100 Abernathy Road
Building 500, Suite 400
Atlanta GA 30328

Attention: ~~MM~~ • ~~CB~~ : 0155818305

Plan Name: Northwest Sheet Metal Workers Supplemental Pension Plan

PLEASE NOTE: A rollover check that is received at The Standard will be returned to the issuing company if a Completed Application for Rollover is not received within 10 business days. **This completed form must be faxed to the following number: 971.321.7998.**