

**SAN FRANCISCO ELECTRICAL WORKERS RETIREMENT SAVINGS PLAN  
720 MARKET ST., SUITE 700, SAN FRANCISCO, CA 94102  
(415) 263-3670**

**ROLLOVER & STATE TAX WITHHOLDING FORM**

**CHECK BELOW TO INDICATE WHETHER OR NOT YOU ELECT A DIRECT ROLLOVER OF YOUR DISTRIBUTION:**

- 1)  I **do not want** to roll over any of my payment to an IRA or other qualified retirement plan. Pay me the full amount of my benefit, after withholding 20% for federal income taxes, as required by law.
- 2)  I **want** to roll over my payment directly to an IRA or other qualified retirement plan that accepts rollovers. I have completed the attached form indicating the IRA or other retirement plan I wish to have my payment directed to. In addition, the Transferee Plan Certification Form has been completed by the IRA or Plan Trustee to which the distribution is being transferred. I understand that each of these forms must be completed before the Plan Office can make the requested rollover.

**IF YOU HAVE NOT ELECTED TO ROLL OVER YOUR PAYMENT, CHECK BELOW TO INDICATE WHETHER YOU WANT CALIFORNIA STATE INCOME TAX WITHHOLDING TAKEN FROM YOUR DISTRIBUTION.**

- 1)  **Do not withhold** State income tax from my distribution. (Attach DE4-P Form).
- 2)  **Please withhold** California State income tax from my distribution. I understand that this will be equal to 2% of the Federal Withholding Amount.

If you elect a direct rollover, you must provide all of the following information. If we do not receive this information within 30 days, the Plan will make the payment to you, after deducting the legally required withholding.

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Participant's Name (Please Print)*

## DIRECT ROLLOVER REQUEST FORM

Please make direct payment of my distribution to:

\_\_\_\_\_  
*Name of IRA Trustee or Qualified Retirement Plan*

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account number: \_\_\_\_\_

### CERTIFICATION

If you have elected a direct rollover, 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, an 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 Northern California Electrical Workers Pension Plan from any further obligations or responsibilities with respect to the payment(s) due me.*

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

## TRANSFeree PLAN CERTIFICATION FORM

(To be completed by authorized transferee plan representative)

Transferee Plan Name:

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Mailing Address:

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The Plan named above hereby certifies that it is, or is intended to be  
(check one):

An individual retirement account

An individual retirement annuity

A qualified trust described in Internal Revenue Code Section 401  
or 457

An Annuity plan

The Plan named above certifies that it will accept a direct rollover for the benefit of:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plan Representative

\_\_\_\_\_  
Date