



# ROLLOVER INTO PLAN FORM IBEW NECA Conduit 401k Plan

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PARTICIPANT'S NAME		SOCIAL SECURITY NO.	DATE OF BIRTH	
STREET ADDRESS	CITY		STATE	ZIP CODE

## 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 includible 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) ("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.
- Conduit IRA** - All or a portion of a distribution to me from a conduit 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 conduit IRA to the Plan can be made only if you never made any other contributions to the IRA.)
- Traditional IRA** - All or a portion of a distribution (excluding any amounts that would not be included in my income) from a traditional IRA either transferred directly or distributed to me within the last 60 days.

## II. AMOUNT OF ROLLOVER CONTRIBUTION

Total Amount of Rollover Contribution: \$ \_\_\_\_\_

**NOTE:** A rollover from a traditional IRA cannot consist of any after-tax contributions.

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:
1952 or earlier	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 to 1997	Vanguard Target Retirement 2060 Fund
1998 or later	Vanguard Target Retirement 2065 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 conduit IRA or traditional 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: \_\_\_\_\_

**Return this form to: John Hancock Retirement Plan Services, LLC, P.O. Box 940, Norwood, MA 02062-0940.**