

**PLUMBERS & STEAMFITTERS LOCAL 434 AND MCA SUPPLEMENTAL 401(K) RETIREMENT PLAN  
ROLLOVER INTO THE PLAN**

2002 London Road, Suite 300  
Duluth, MN 55812  
PHONE: 218-728-4231 OR 1-800-570-1012

**1. PARTICIPANT INFORMATION (Please Print)**

Current Employer: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**2. STEPS TO ROLL MONEY INTO YOUR RETIREMENT PLAN**

A. Contact your prior employer/financial institution for a distribution request form or additional paperwork required to request payment in the Form of a direct rollover.

Name of Former Employer: \_\_\_\_\_

B. Complete and return the paperwork to your prior employer/financial institution. Check should be made payable as follows: Plumbers and Steamfitters Local 434 401(k) Plan-a4225, FBO (your name), 2002 London Road, Suite 300, Duluth, MN 55812

C. Forward the completed original of this form, copy of the Plan's IRS determination letter, and check to our office: Wilson-McShane Attn: Pension Department, 2002 London Road, Suite 300, Duluth, MN 55812

**3. ROLLOVER DETAIL**

Total funds being rolled over: \$ \_\_\_\_\_ (Cannot include traditional after-tax funds, Roth funds, or required minimum distributions.)

**4. INVESTMENT SELECTION**

It is important to make an investment selection. I understand that my rollover contribution will be invested according to my investments elections on file at Milliman.

**5. Employee Certification**

I certify that, to the best of my knowledge, the following statements are true. This rollover is a distribution from my previous employer's qualified retirement plan or an eligible tax favored plan. This rollover is not after tax contributions or Roth contributions. I am entitled to this distribution as a former participant or as a beneficiary. This rollover contribution is not one of a series of periodic payments. I am remitting it within 60 days of receipt of my original distribution.

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

\_\_\_\_\_  
Date

**Note: This form expires 60 days from the date signed.**

**5. FOR OFFICE USE ONLY**

\_\_\_\_\_  
Plan Administrator Signature

\_\_\_\_\_  
Date