



Cement Masons Pension Trust Fund for Northern California

4160 Dublin Blvd. Suite 100 Dublin, CA 94568 • Telephone : (707)864-3300 or (888)245-5005

Rollover Election Form

IMPORTANT

Before completing this form, you should read the Special Tax Notice regarding Plan payments carefully. You also may wish to consult your tax advisor before making this election.

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Name

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Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

State

Zip Code

If you receive part or all of your benefits as an "eligible rollover distribution," you may elect to have part, or all of that distribution transferred directly to an Individual Retirement Account (IRA) or to another qualified retirement plan (if it accepts rollovers). If you choose **not** to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Plan is required to withhold 20 percent of the payment for Federal Income taxes and 2 percent of the payment for State Income taxes. This withholding does not increase your taxes but will be credited against any income tax you owe. (For further information on direct rollovers and withholding, please read the Special Tax Notice Regarding Plan Payments that the Plan has given you.)

Check below to indicate whether or not you elect a direct rollover of your pension payment:

☐ **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 benefits, after withholding applicable taxes.

SIGNATURE  _____ **DATE** _____

☐ **I WANT** to roll over my payment directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named on the reverse side.

☐ I would like to have only **PART** of my payment directly rolled over. Please roll over \$ _____ to the IRA or qualified retirement plan named on the reverse side, and pay the remainder of my benefit to me, after withholding applicable taxes.

- continued on reverse side -

CERTIFICATION

If you have elected a direct rollover of all or part of your benefit, please read the following statement, provide all of the information, and sign below:

I certify that the recipient of a direct rollover that I have named below 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 Cement Masons Pension Plan for Northern California from any further obligations or responsibilities with respect to the benefits so paid.

Please make payment of my benefits on my behalf to:

[illegible]

Name of IRA Trustee or Qualified Retirement Plan

[illegible]

Account Number

[illegible]

Mailing Address

[illegible]

City

State

Zip Code



Signature

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Date

**NO DIRECT ROLLOVER CAN BE MADE UNTIL YOU
PROVIDE ALL OF THE INFORMATION
REQUESTED ABOVE.**