

Complete Sections A, B, and E by typing or printing clearly in ink and read the instructions and acknowledgments in Sections C and D.

SECTION A: PARTICIPANT IDENTIFICATION			
Last Name	First	Initial	Last 4 Digits Social Security Number XXX-XX-
Street			Date of Birth
City/State		Zip Code	
Email Address	Primary Phone Number		Secondary Phone Number

SECTION B: TRANSFER / DIRECT ROLLOVER INFORMATION
<p>Part 1: Select one of the Payment Options below I am choosing a:</p> <p><input type="checkbox"/> Transfer/Direct rollover from a qualified 401(a), 401(k), or 403(b) Plan. <u>(Attach the most recent IRS Favorable Determination Letter for that Plan)</u></p> <p><input type="checkbox"/> Transfer/Direct rollover from an Individual Retirement Account (IRA)</p> <p>Part 2: Previous Plan Information:</p> <p>Company Name _____</p> <p>City/State/Zip Code _____</p> <p>Direct Rollover Amount: \$ _____ (Enter approximate amount if exact amount is not known)</p> <p>Note: Per section 3.1 of the Plan Document, a rollover contribution is defined as any rollover contribution from a qualified Plan or from a qualified Individual Retirement Account as defined in Internal Revenue Code Section 408(d)(3). The contribution must be originally a qualified total distribution as defined in Internal Revenue Code Section 402(a)(5)(E) and is made directly from the other Plan. The employer must indicate in writing that the contribution is a rollover contribution.</p>

SECTION C. PAYMENT INSTRUCTIONS AND REQUIRED DOCUMENTS
<p>Make check payable to: Northern California Pipe Trades Supplemental 401(k) Retirement Plan</p> <p>Include the following information on the check: Participant’s Full Name, last four digits of SSN, Plan Number 342</p> <p>Mailing address for the check and original completed Forms with required documents: NWPS 160 West Santa Clara St., Suite 1550 San Jose, CA 95113-1734</p>

SECTION D: PARTICIPANT ACKNOWLEDGEMENTS

General Information

I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds that I am rolling over are in fact eligible for such treatment.

I authorize these funds to be transferred into the Northern California Pipe Trades Supplemental 401(k) Retirement Plan (“Plan”) and to be invested in the Plan’s default investment option unless I specify otherwise by submitting an Election and Allocation Form. I authorize the Plan to allocate all monies received to be invested into my ongoing allocation election on file. I understand that I must contact the Plan Distribution Administrator, NWPS at the toll-free number 800/293-1170 or access the Website to make changes to transferred monies. I understand that this original completed form, along with the check and any required documents must be received by the Plan Distribution Administrator, NWPS at 160 West Santa Clara St, Suite 1550, San Jose, CA 95113-1734.

I understand that the current Custodian/Plan may require that I furnish additional information before processing the transaction requested on the form, and the Plan is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Plan with any information that may be required, and/or to notify the Plan Distribution Administrator, NWPS of any information that the current Custodian/Plan may wish to obtain in order to effect the transaction. I understand that it may take up to 45 days to complete the rollover process.

Withdrawal Restrictions

I understand that the Internal Revenue Code and the Plan, may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers. Assets rolled into the Plan become subject to the withdrawal restrictions of the Plan.

Account Corrections

I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors that I communicate within 90 calendar days of the last calendar quarter. After the 90 days, account information shall be deemed accurate and acceptable to me. If I notify the Plan of an error after the 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

SECTION E: REQUIRED SIGNATURES

Signature (1) and (2) are required prior to submitting your Direct Rollover Form to NWPS.

I have read and understand the effect of my election and agree to all pages of this Transfer / Direct Rollover Request Form. I affirm that all information provided is true and correct.

(1) Participant Signature Date

(2) Authorized Plan Administrator Signature Date Phone Number For Previous Employer’s Plan

(3) Authorized Plan Distribution Administrator Signature Date New Employer’s Plan, Northern California Pipe Trades Supplemental 401(k) Retirement Plan

If you have questions, contact the Plan’s Distribution Administrator, NWPS at 800/767-1170, option 4.