

ROLLOVER FORM

Connecticut Pipe Trades Local No. 777 Annuity Plan

Please complete the following information (type or print).

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 an eligible retirement plan ("Retirement Plan").

II. AMOUNT OF ROLLOVER CONTRIBUTION

Total Amount of Rollover Contribution: \$ _____

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.

After this rollover investment election has been processed, and if you have met the Trustees' education requirement, you may change the investment of your existing account balance (which includes the rollover election made on this form) any business day (a day on which the New York Stock Exchange (NYSE) is open) by using mylife.jhrps.com. Any change made and confirmed to your investment election before 4:00 p.m. Eastern Time (ET) any business day will generally be effective as of the close of that day. A change confirmed on or after 4:00 p.m. ET, or on weekends or holidays, will generally be effective as of the close of the next business day. In the event the NYSE closes prior to 4:00 p.m. ET on any business day, a change made and confirmed before the time the NYSE closes will generally be effective as of the close of that day. A change made or confirmed on or after such closing time will generally be effective as of the close of the next business day.

NOTE: 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.

IV. SIGNATURE SECTION (IMPORTANT- READ THIS SECTION BEFORE SIGNING THE FORM.)

I certify that the rollover is an eligible rollover distribution received from a Retirement Plan.

Signature of Employee: _____ Date: _____

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TO BE COMPLETED BY PLAN ADMINISTRATOR

The rollover request for the above Participant is: APPROVED NOT APPROVED

If approved, the undersigned hereby certifies that, based on the information provided, the amount in question represents a valid rollover contribution, and is hereby accepted by the above-referenced Plan.

Plan Administrator: _____ *Date:* _____

Return this form to: Fund Office, Board of Trustees, Connecticut Pipe Trades Local No. 777, 1155 Silas Deane Hwy., Wethersfield, CT 06109.
