

**IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY
ANNUITY PLAN**

ELECTION FORM

PART A - PARTICIPANT'S ACKNOWLEDGEMENT AND ELECTION

I, _____, have read the Special Tax Notice Regarding Plan Payments form
(Participant's Name)
attached hereto. I understand that I may choose whether all or a portion of the payment due
me from the Plan is to be paid in a "DIRECT ROLLOVER" or to me. Based on this information, I
hereby elect:

1. **DIRECT ROLLOVER.** I choose to have THE ENTIRE AMOUNT OF THE
PAYMENT (amount shown on the application) paid in a "DIRECT
ROLLOVER" (excluding any portion not eligible to be part of the DIRECT
ROLLOVER) as described in the attached form to:

(Name of IRA or Plan Trustee, Custodian or other
sponsor to receive the Direct Rollover)

(Address of the party to receive the Direct Rollover)

I have attached a statement from the party to receive the Direct
Rollover stating that it meets the requirements of Section
402(c)(8)(B) of the Internal Revenue Code and agreeing that it
will accept the Direct Rollover. I understand that any portion of
the payment not eligible to be part of the Direct Rollover will be
paid directly to me.

2. **DIRECT ROLLOVER TO THE IRON WORKERS DISTRICT COUNCIL OF
WESTERN NEW YORK AND VICINITY PENSION FUND.** I choose to have
THE ENTIRE AMOUNT OF THE PAYMENT (amount shown on the
application) paid in a "DIRECT ROLLOVER TO THE IRON WORKERS
DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY PENSION
FUND". I understand that this rollover will be implemented by the Fund
Office.

- 3. **PAID TO ME.** I choose to have THE ENTIRE AMOUNT OF THE PAYMENT (amount shown on the application) paid directly to me. I understand that federal law requires the Fund to withhold 20% of the distribution for federal income taxes and that I may be liable for other federal taxes described in the attached form.

- 4. **DIRECT ROLLOVER AND PAID TO ME.** I choose to have \$ _____ (must be \$500.00 or more) paid in a "DIRECT ROLLOVER" and to have the rest of the payment paid directly to me. I understand that federal law requires the Fund to withhold 20% of the amount to be paid directly to me for federal income tax purposes. I understand that I may be liable for other federal taxes as described in the attached form. I direct the Fund to make the "DIRECT ROLLOVER" to:

 (Name of IRA or Plan Trustee, Custodian or other sponsor to receive the Direct Rollover)

 (Address of the party to receive the Direct Rollover)

I have attached a statement from the party to receive the Direct Rollover stating that it meets the requirements of Section 402(c)(8)(B) of the Internal Revenue Code and agreeing that it will accept the Direct Rollover. I understand that any portion of the payment not eligible to be part of the Direct Rollover must be paid directly to me.

- 5. **DIRECT ROLLOVER TO THE IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY PENSION FUND AND PAID TO ME.** I choose to have \$ _____ paid in a "DIRECT ROLLOVER TO THE IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY PENSION FUND" and to have the rest of the payment paid directly to me. I understand that federal law requires the Fund to withhold 20% of the amount to be paid directly to me for federal income tax purposes. I understand that I may be liable for other federal taxes as described in the attached form. I understand that this rollover will be implemented by the Fund Office.

NOTE: I understand the investment advantages of postponing my benefit to a future point in time and the consequences of my decision to, instead, receive my benefit now.

 Participant's Signature

 Date