



Incoming Direct Rollover Election

Electrical Workers Local Union 159 Retirement Plan

524748-01

Participant Information

Last Name			First Name			MI			Social Security Number								
(The name provided MUST match the name on file with Service Provider.)																	
Address - Number & Street												E-Mail Address					
City				State		Zip Code		Mo		Day		Year		Date of Birth			
()																	
Daytime Phone																	

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.

I am choosing a:

- Direct rollover from a:
 - Qualified 401(a) plan (Profit Sharing, ESOP or Money Purchase)
 - Qualified 401(k) plan
 - Non-Roth: \$_____ (all contributions and earnings, excluding Roth contributions and earnings)
 - Roth: \$_____ (employee contributions and earnings)

Previous Provider Information:

Company Name						Account Number					
Mailing Address											
City/State/Zip Code						()					
Phone Number											

Previous provider must complete:

Employer/employee before-tax contributions and earnings: \$_____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: _____

Roth contributions (no earnings): \$_____ Roth earnings: \$_____

Previous Plan Authorized Plan Administrator/Trustee Signature _____ Date _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Amount of Direct Rollover: \$_____ (Enter approximate amount if exact amount is not known.)

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Investment Option Information - Please refer to your marketing communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, access our Web site after funds have been received.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
The Vanguard Target Retire Incm Trust II.....	N/A	VGRINC	_____	Small Cap Value / Integrity Fund.....	N/A	D1018A	_____
The Vanguard Target Retire 2020 Trust II.....	N/A	VG2020	_____	Janus Henderson Enterprise CF CL III.....	N/A	JHEIII	_____
The Vanguard Target Retire 2030 Trust II.....	N/A	VG2030	_____	Allspring Special Mid Cap Value R6.....	WFPRX	WFPRX	_____
The Vanguard Target Retire 2040 Trust II.....	N/A	VG2040	_____	MFS Growth R6.....	MFEKX	MFEKX	_____
The Vanguard Target Retire 2050 Trust II.....	N/A	VG2050	_____	Oakmark Investor.....	OAKMX	OAKMX	_____
The Vanguard Target Retire 2060 Trust II.....	N/A	VG2060	_____	Vanguard Equity-Income Adm.....	VEIRX	VEIRX	_____
Dodge & Cox International Stock - I.....	DODFX	DODFX	_____	IBEW-NECA EQUITY INDEX FUND.....	N/A	D0272A	_____
Vanguard Total Intl Stock Index Admiral.....	VTIAX	VTIAX	_____	PIMCO Bal Ret Inc Coll Fo.....	N/A	D0281A	_____
International Growth / Artisan Partners.....	N/A	D0760A	_____	CORE FUND/NECA IBEW 159.....	N/A	D1463A	_____
Baron Real Estate Institutional.....	BREIX	BREIX	_____	Baird Aggregate Bond Inst.....	BAGIX	BAGIX	_____
Columbia Seligman Tech & Info Inst3.....	CCOYX	CCOYX	_____	IBEW-NECA Stable Value Trust.....	N/A	D1469A	_____
Vanguard Explorer Adm.....	VEXRX	VEXRX	_____				
				MUST INDICATE WHOLE PERCENTAGES			=100%

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 I am rolling over are in fact eligible for such treatment.

I authorize these funds to be rolled over into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover Election form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call 1-833-569-2433 or access the Web site in order to make changes or transfer monies from the default investment option. The funds will be invested on the day this completed form and the funds are received, so long as they were received prior to the close of the New York Stock Exchange. If this form and the funds are received after close of the New York Stock Exchange, I understand that my request will be processed on the next business day. I understand that this completed form must be received by Service Provider at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that

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Last Name

First Name

MI

Social Security Number

this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

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 which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Outstanding Loan Balance - An outstanding loan balance cannot be included in the rollover. However, you may pay off the outstanding loan balance *before* this rollover is submitted. After the loan is paid off, you may submit this rollover request. If you do not pay off the outstanding loan balance, you may rollover only the cash value (not including the loan) from the Plan that has the outstanding loan.

Payment Instructions

Make check payable to:

Empower Trust Company, LLC

Include the following information on the check:

Participant Name, Individual ID (*found on account statement*), Plan Number, Plan Name

Wire instructions:

Account of: Empower Trust Company, LLC

Bank: PNC Bank

Account no: 1092207475

Routing transit no: 043000096

Attention: Financial Control

Reference: Participant Name, Social Security Number, Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):

Empower Trust Company, LLC
PO BOX 826011
PHILADELPHIA, PA 19182-6011

Overnight mail address for the check and form (if mailed together):

PNC Bank
525 Fellowship Rd Suite 330
Lockbox # 826011
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone: 1-833-569-2433

If sending the "form" only, please upload electronically to empowermyretirement.com (Click Upload Documents to submit) or follow mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form. We will not accept hand delivered forms at Express Mail addresses.

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover Election form. I affirm that all information provided is true and correct.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

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_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts under this Incoming Direct Rollover Election form.

_____	_____
Authorized Plan Administrator Signature For Current Employer's Plan	Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name

**Participant forward to Plan Administrator
Plan Administrator forward as shown above in
the Payment Instructions section**

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.