



NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION TRUST

7525 SE 24th Street Suite 200 Mercer Island, WA 98040
TELEPHONE: 206/664-7300 or 800/426-7132 FAX: 206/664-7194

APPLICATION FOR DIRECT ROLLOVER

APPLICANT'S NAME: _____
Last First Mi

ADDRESS: _____
Number and Street City State Zip

SOCIAL SECURITY #: _____ PHONE NUMBER: (____) _____

*Applicant must check the box which indicates whether or not a direct rollover will occur.

I DO NOT WANT A DIRECT ROLLOVER

I have received a copy of the "special tax notice regarding plan payments" and elect no to make a direct rollover. I understand that the Administration Office must withhold 20% of the distribution and send it to the IRS on my behalf. (Please sign below.)

I WANT TO MAKE A DIRECT ROLLOVER

(The back of this form must be completed by the receiving plan.)

I wish to make a direct rollover of my account balance as follows:

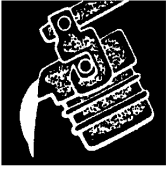
100% of my account balance should be paid to the IRA or qualified employer plan indicated on the back of this form.

_____%/\$_____ should be deducted from my distribution and paid to the IRA or qualified employer plan indicated on the back of this form. The remainder will be paid to me. (Whichever option is selected, the amount must equal a minimum of \$500.00) I understand that the Administration Office must withhold 20% of any distribution paid to me, and send it to the IRS on my behalf. (Please sign below.)

Signature of Applicant

Date

Return this form to the Administration Office



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DIRECT ROLLOVER INFORMATION

Complete this side only if the participant is requesting all or a portion of their lump-sum distribution be rolled over to an IRA or qualified employer plan.

FOR IRA

NAME OF TRUSTEE: _____

NAME OF RECEIVING PLAN: _____

ADDRESS PAYMENT TO BE MAILED TO: _____

ACCOUNT NUMBER: _____

FOR QUALIFIED EMPLOYER PLANS

NAME OF RECEIVING PLAN: _____

ADDRESS PAYMENT TO BE MAILED TO: _____

ACCOUNT NUMBER: _____

- The following must be signed by an authorized representative of the receiving plan.

I certify that the receiving plan of the distribution for which this application is made for, is, or is intended to be an "eligible retirement plan", as defined by the Internal Revenue Code, and will accept the direct rollover for the benefit of the participant or beneficiary.

Signature

Date

Title