

**DULUTH ELECTRICAL WORKERS 242 401(K) PLAN
ROLLOVER INTO THE PLAN**

2002 London Rd. Suite 300
Duluth, MN 55812
PHONE: 218-724-8883 OR 1-877-908-3863

1. PARTICIPANT INFORMATION (Please Print)

Current Employer: _____

Participant's Name: _____

Social Security #: _____

Street Address: _____

Date of Birth: _____

City: _____

State: _____

Zip: _____

2. STEPS TO ROLL MONEY INTO YOUR RETIREMENT PLAN

A. Contact your prior employer/financial institution for a distribution request form or additional paperwork required to request payment in the Form of a direct rollover.

Name of Former Employer: _____

B. Complete and return the paperwork to your prior employer/financial institution. Check should be made payable as follows: 401(k) Plan 221EWD, FBO (your name), 2002 London Road, Suite 300, Duluth, MN 55812

C. Forward the completed original of this form, copy of the Plan's IRS determination letter, and check to our office: Wilson-McShane Attn: Chelsa, 2002 London Road, Suite 300, Duluth, MN 55812

3. ROLLOVER DETAIL

Total funds being rolled over: \$ _____ (Cannot include traditional after-tax funds, Roth funds, or required minimum distributions.)

4. INVESTMENT SELECTION

It is important to make an investment selection. I understand that my rollover contribution will be invested according to my investments Elections on file at Milliman.

5. Employee Certification

I certify that, to the best of my knowledge, the following statements are true. This rollover is a distribution from my previous employer's qualified retirement plan or an eligible tax favored plan. This rollover is not after tax contributions or Roth contributions. I am entitled to this distribution as a former participant or as a beneficiary. This rollover contribution is not one of a series of periodic payments. I am remitting it within 60 days of receipt of my original distribution.

Participant's Signature

Date

Note: This form expires 60 days from the date signed.

6. FOR OFFICE USE ONLY

Plan Administrator Signature

Date