



(3) **Direct Rollover to a Roth IRA\*** – Name of trustee, custodian or insurer: \_\_\_\_\_

Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

I certify that, to the best of my knowledge, (a) the IRA satisfies, or is intended to satisfy, the requirements of Internal Revenue Code Section 408(a) or (b) and (b) the IRA will accept my direct rollover contribution.

An Annuity (If you request an annuity, the Plan Administrator will provide you with more information and the proper forms to complete).

**\*Please refer to the Special Tax Notice Regarding Plan Payments for the tax consequences associated with rolling over to a Roth IRA.**

**4. FEDERAL INCOME TAX WITHHOLDING ELECTION (This section is for installments only)**

Complete this section only if you have elected installment payments for a period of ten years or more. If you have elected installment payments for a period of ten years or more, federal income tax will be withheld on each payment, unless you elect not to have withholding apply. If you elect no withholding, you are still liable for any federal income taxes due on the taxable part of your distribution, and you could incur penalties if your withholding or estimated tax payments for the year are not enough.

(Check one):

**Do not** withhold federal income tax from my installment payments.

**Withhold** federal income tax from my installment payments, based on (check one):

a tax filing status of (check one):  Married  Single  Married, filing separately and claiming (complete): \_\_\_\_\_ exemptions.

the following percentage (complete): \_\_\_\_\_ % of each distribution.

**5. PARTICIPANT SIGNATURE**

I make the distribution elections indicated above. I have read the "Special Tax Notice Regarding Plan Payments" and the "Notice of Retirement Annuity Benefits" and I know I have the right to receive my benefits as a joint and survivor annuity if I am married or a single-life annuity if I am not married. I also know I can waive the right to annuity payments with the consent of my spouse if I am married. I understand if I waive those rights I can change my mind and revoke the waiver at any time before my payments begin. I have at least 30 days to decide whether or not to waive the annuity payments or elect a "direct rollover" of any eligible rollover distribution. I understand my distribution alternatives and my right to defer distributions under the Plan. I certify that the information in this form is complete and accurate and that I understand and agree with all the terms of this form and the related notices.

\_\_\_\_\_  
Signature of Participant Date

**6. SPOUSAL CONSENT**

I am the spouse of the participant whose signature appears above. I understand that I have the right to have the Plan pay my spouse's retirement benefits in the qualified joint and survivor annuity payment form and I agree to give up that right. I understand that by signing this spousal consent, I may receive less money than I would have received under the qualified joint and survivor annuity payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I agree that my spouse can receive retirement benefits in the form selected above. I understand that my spouse cannot choose a different form of retirement benefits unless I agree to the change. I understand that I do not have to sign this spousal consent. I am signing this spousal consent voluntarily. I understand that if I do not sign this spousal consent, then my spouse and I will receive payments from the Plan in the qualified joint and survivor annuity payment form.

\_\_\_\_\_  
Spouse's Signature Date

**7. NOTARY SIGNATURE**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me personally appeared \_\_\_\_\_  
(Date) (Participant's Name)

known to me to be the person described in and who executed this instrument, acknowledging that he/she signed this instrument as his/her free act and deed. Personally appearing with the above-named Participant was \_\_\_\_\_,  
(Spouse's Name - if applicable)

known to me to be the person described in and who also executed this instrument, acknowledging that he/she is the participant's spouse and that he/she also signed this instrument as his/her free act and deed.

\_\_\_\_\_  
Notary's Name (Please Print)

\_\_\_\_\_  
Notary's Signature My Commission Expires

**8. FUND OFFICE AUTHORIZATION**

Member's CD Balance \$ \_\_\_\_\_ Member's CD Earnings \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Signer Date

**9. RETURN FORM**

Please return completed form to: Midwest Pipe Trades Pension Plan  
P.O. Box 1449  
Goodlettsville, TN 37070