

NORTHERN ILLINOIS ANNUITY FUND

Physical: 375 W 36th Ave, Ste 200, Anchorage, AK 99503 • Mailing: PO Box 93870, Anchorage, AK 99509
Phone: (907) 561-5119 or (800) 732-1121 • Fax: (907) 561-4802

Website: www.niannuityfund.com

Administered by
Welfare & Pension Administration Services, Inc.

REQUEST FOR TRUST FUND TO ACCEPT ROLLOVER

I understand that the Plan permits me to roll over amounts from an eligible retirement plan provided certain conditions are met. In requesting to make a rollover into the Plan, I hereby certify that I am entitled to the distribution from the eligible retirement plan as an employee or surviving spouse beneficiary, the distribution is not one of a series of periodic payments received from the eligible retirement plan, and the entire amount being rolled over would be includible in my income if it were not rolled over. The requested rollover is from the following Plan.

To request that the Annuity Fund accept a rollover, please complete the following:

I, _____ (SSN) _____, request
Print Your Name

that the Northern Illinois Annuity Fund accept rollover contributions on my behalf from the following qualified plan:

Name of Plan contributions are coming from

Street Address of Plan

City

State

Zip Code

Telephone Number of Plan

Check the appropriate box:

Retirement Plan - All or a portion of an "eligible rollover distribution" from a retirement plan (that is a 401(a)/401(k) plan, 403(b) plan or a governmental 457 plan) ("Retirement Plan"), excluding, however, the portion consisting of any after-tax contributions and Roth contributions either transferred directly or rolled over within 60 days of my receipt.

Conduit IRA - All or a portion of a distribution to me from a conduit Individual Retirement Account ("IRA"). It consists solely of amounts distributed from a Retirement Plan either transferred directly or deposited to the IRA within 60 days of my receipt of the original distribution. (NOTE: A rollover from a conduit IRA to the Plan can be made only if you never made any other contributions to the IRA.)

The amount of my distribution from the qualified Plan is \$ _____

A bank check, cashier's check, money order or check issued by a financial institution for the rollover is attached and made payable to "Northern Illinois Annuity." The check must also include your name and last four digits of your Social Security number.

NOTE: Checks that are not made payable in the required format will be returned to you and your rollover request will be denied. Please do not sign the check.

YOUR SIGNATURE IS REQUIRED ON THE REVERSE SIDE OF THIS FORM

(IMPORTANT- READ THIS SECTION BEFORE SIGNING THE FORM.)

ROLLOVER FROM RETIREMENT PLAN - In the event the rollover is from a Retirement Plan, I certify that the rollover is an eligible rollover distribution received from a Retirement Plan.

ROLLOVER FROM AN IRA - In the event the rollover is from an IRA, I certify that the rollover is from a conduit IRA and is an eligible rollover distribution. I understand that a false statement by me may result in legal damages for which I will be fully responsible.

The Annuity Plan accepts only those rollovers which are made pursuant to the terms of the Plan and which, in the opinion of the Trustees, will not jeopardize the tax-exempt status of the Plan or Trust. Before accepting any transfer, the Trustees may require that it be established that the distribution is eligible for transfer.

Participant Name (Please Print)

Participant Address

City State Zip Code

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Home Phone Number Cell Phone Number

E-mail Address

I certify under penalty of perjury that the foregoing is true and correct.

Participant Signature

Date

Please return this form along with a check in the amount of your lump sum distribution payable to:

**Northern Illinois Annuity Fund
PO Box 34203
Seattle, WA 98124**