

MASSACHUSETTS LABORERS' ANNUITY FUND
14 NEW ENGLAND EXECUTIVE PARK • SUITE 200
BURLINGTON, MA 01803 • Tel: 781-272-1000 • Fax: 781-272-2226

ROLLOVER ELECTION FORM

Check below for a full or partial rollover. Optional for any participant with a balance of \$200 or more.

____ I want to rollover my **full payment** directly to an IRA or other qualified retirement plan that accepts rollovers. The IRA or other retirement plan is named below.

____ I would like to have only **part** of my benefit directly rolled over. Please rollover (at least \$200) \$_____ to the IRA or qualified plan named below and:

- pay the remainder of my benefit to me, after withholding 20% for federal income taxes as required by law. OR
- keep the remaining amount in my Annuity account.

Make Check Payable to: Name of IRA Trustee or Qualified Retirement Plan Account #

Mail check to (PLEASE PRINT) Attn:

Street Address City State Zip Code

CERTIFICATION

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, an Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Massachusetts Laborers' Annuity Fund from any further obligations or responsibilities with respect to the benefits so paid.

Signature

Date

Social Security Number