

**COMPLETE ONLY ONE SIDE AND RETURN THIS FORM ALONG  
WITH THE APPLICATION**

**MASSACHUSETTS LABORERS' ANNUITY FUND  
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.

***You may choose to have only part of the payment directly rolled over, and the rest paid directly to you. 20% Federal Income Tax Withholding will be taken out of any portion that is not directly rolled over.***

\_\_\_\_\_ I would like to have only part of my payment 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.

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

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Mail check to (PLEASE PRINT)      Attn:

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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

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Social Security Number