

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

PLEASE SEE OTHER SIDE FOR REJECTION OF DIRECT ROLLOVER FORM

**MASSACHUSETTS LABORERS' ANNUITY FUND
REJECTION OF DIRECT ROLLOVER**

***ATTENTION:** Before completing this form, you should read the special tax notice regarding plan payments carefully. You also may wish to consult your tax advisor before making this election.*

If you choose NOT to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, the Plan is required to withhold 20% of the payment for federal income taxes. In addition, the Plan is required to withhold state income taxes. This withholding does not increase your taxes, but will be credited against any income tax you may owe.

Check below if you do not want to elect a direct rollover of your Annuity account balance:

_____ I do not want to roll over any of my payment to an IRA or other qualified retirement plan.

PARTICIPANT'S SIGNATURE

DATE

PRINT NAME

SOCIAL SECURITY #

PLEASE SEE OTHER SIDE FOR ROLLOVER ELECTION FORM