California and Vicinity Field Ironworkers Annuity Trust

VISTA # 092360

Direct Rollover

Account Information

Social Security # ___ – __ – ____ **Local Union No.** ___

Name (Last, First, MI)

Eligible rollover distribution:

% To be transferred as direct rollover _____%

% To be paid to me _____%

100%

Balance Eligible for Rollover

If you wish to make a direct rollover directly to an institution, it is your responsibility to open an account before providing the following information. You must make sure that your rollover meets any minimum contribution requirements.

☐ Traditional IRA ☐ Eligible Employer Plan (See the Special Tax Notice for the definition of eligible employer plan)

Trustee Name

(Please show name exactly as check should be made out.)

Plan/Account Name

Plan Number (if applicable)

Account Number

Note: If account number is not provided, the Direct Rollover check will be mailed to you.

Mailing Address (choose only one)

☐ Mail check to me.

☐ Mail check to institution at the address below.

City **State** **Zip** –

Authorization

I hereby acknowledge that I have received and read the "Special Tax Notice Regarding Plan Payments."

Signature of Member Date

Distribution: White - Vanguard Yellow - Trust Office Pink - Member T9320_061998

(06/08/1998)

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