

Northern California Pipe Trades Supplemental 401(k) Retirement Plan

Direct Rollover Form – Please complete Sections A, B, and E and read Sections C and D.

SECTION A: PARTICIPANT IDENTIFICATION - <i>Type or print clearly in ink</i>													
Last Name	First	Initial	Social Security Number										
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>										
Street			Date of Birth										
City/State		Zip Code											
e-mail Address	Home Phone Number	Work Phone Number	Cellular Phone Number										
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SECTION B: DIRECT ROLLOVER INFORMATION - <i>Type or print clearly in ink</i>
<p>Part 1: Select one of the Payment Options below I am choosing a:</p> <p><input type="checkbox"/> Transfer/Direct rollover from a qualified 401(a), 401(k), or 403(b) Plan. <u>(Attach the most Recent IRS Favorable Determination Letter for that Plan)</u></p> <p><input type="checkbox"/> Transfer/Direct rollover from a Individual Retirement Account (IRA)</p> <p>Part 2: Previous Provider Information:</p> <p>Company Name _____</p> <p>City/State/Zip Code _____</p> <p>_____</p> <p>Direct Rollover Amount: \$ _____ (Enter approximate amount if exact amount is not known)</p>

Note: Per section 3.1 in the Plan Document, a rollover contribution is defined as any rollover contribution from a qualified Plan or from a qualified rollover individual retirement account as defined in Internal Revenue Code Section 408(d)(3). The contribution must be originally a qualified total distribution as defined in Internal Revenue Code Section 402(a)(5)(E), and is made directly from the other Plan. The employer must indicate in writing that the contribution is a rollover contribution.

SECTION C. PAYMENT INSTRUCTIONS
<p>Make check payable to: Northern California Pipe Trades Supplemental 401(k) Retirement Plan</p> <p>Include the following information on the check: Participant Name, last four digits of SS#, Plan Number 342</p> <p>Mailing address for the check and form: Kaufmann & Goble Associates c/o Northern California Pipe Trades Supplemental 401(k) Retirement Plan 160 West Santa Clara St, Suite 1550 San Jose, CA 95113-1734</p>

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SECTION D: PARTICIPANT ACKNOWLEDGEMENTS

General Information

I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds that I am rolling over are in fact eligible for such treatment.

I authorize these funds to be transferred into the Northern California Pipe Trades Supplemental 401(k) Retirement Plan and to be invested in the Plan's defaulted investment option unless I specify otherwise on my investment election form that I submitted. I authorize the Plan to allocate all monies received to be invested into my ongoing allocation election on file. I understand that I must call the Northern California Pipe Trades Supplemental 401(k) Retirement Plan toll free number 800-293-1170 or access the Website to make changes to transfer monies. I understand that this completed form, along with the check and any required documents must be received by the Northern California Pipe Trades Supplemental 401(k) Retirement Plan at 160 West Santa Clara St, Suite 1550, San Jose, CA 95113-1734, i.e. the address that appears on page one of this form.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on the form, and the Northern California Pipe Trades Supplemental 401(k) Retirement Plan is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that may be required, and/or to notify Northern California Pipe Trades Supplemental 401(k) Retirement Plan of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction. I understand that it may take up to 45 days to complete the rollover process.

Withdrawal Restrictions

I understand that the Internal Revenue Code and the Northern California Pipe Trades Supplemental 401(k) Retirement Plan, Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers. Assets rolled into the Plan become subject to the withdrawal restrictions of the Plan.

Account Corrections

I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors that I communicate within 90 calendar days of the last calendar quarter. After the 90 days, account information shall be deemed accurate and acceptable to me. If I notify the Northern California Pipe Trades Supplemental 401(k) Retirement Plan of an error after the 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

SECTION E: REQUIRED SIGNATURES - *Type or print clearly in ink*

Signature (1) and (2) are required prior to submitting your Direct Rollover Form to KandG.

I have read, and understand the effect of my election and agree to all pages of this Direct Rollover form. I affirm that all information provided is true and correct.

(1) Participant Signature Date

(2) Authorized Plan Administrator/Trustee Signature Date Phone Number
For **Previous** Employer's Plan

(3) Authorized Plan Distribution Administrator Signature Date
For Northern California Pipe Trades Supplemental 401(k) Retirement Plan

RETURN COMPLETED FORMS WITH REQUIRED DOCUMENTS TO:

KandG • 160 WEST SANTA CLARA ST, SUITE 1550 • SAN JOSE, CA 95113-1734 • TEL: 800-767-1170