
Incoming Direct Rollover Election

Participant Information

_____	_____	_____	_____
Last Name	First Name	MI	

Social Security Number			

Address - Number & Street			
_____	_____	_____	_____
City	State	Zip Code	
(_____)	_____		
Daytime Phone			

E-Mail Address			
_____	_____	_____	_____
Mo	Day	Year	

Date of Birth			

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- Direct rollover from a:
 - Qualified 401(a) plan (Profit Sharing, ESOP or Money Purchase)
 - Qualified 401(k) plan

Previous Provider Information:

_____	_____
Company Name	Account Number

Mailing Address	
_____	(_____)
City/State/Zip Code	Phone Number

Amount of Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover Election form. I affirm that all information provided is true and correct.

Participant Signature

Date

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts under this Incoming Direct Rollover Election form.

Authorized Plan Administrator Signature

Date

**IBEW Local 683
Profit Sharing Annuity Plan**

Plan Administrator
TIC International Corporation
6525 Centurion Drive
Lansing, MI 48917
Phone: (844) 683-0683

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Return forms to:

IBEW Local 683 PSA, 6525 Centurion Drive, Lansing, MI 48917

The check must be made payable to “Local 683 PS Annuity Plan”. To ensure proper credit to your account, you must include your name and the last four digits of your Social Security number on the face of the check.

Checks that are not made payable in the required format will be returned to you.

Please call the fund Office at (844) 683-0683 with any questions