

Plan name: Pipe Fitters' Individual Account and 401(k) Plan, Local 597

Plan number: 780155-01

Incoming Rollover Form

Use this form to roll over money to the Pipe Fitters' Individual Account and 401(k) Plan, Local 597.

Step 1: Member information

Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.

Member name (First, middle, last)

U.S. Social Security number/
U.S. Taxpayer Identification number

Date of birth
(mm/dd/yyyy)

Email address

Account address

City

State

ZIP Code

Are you married?

Yes OR No

Step 2: Rollover instructions

Roll over (Applies to assets other than a Roth account.)

Name of prior plan:

Amount of roll over:

Taxable portion (include investment income)

\$

Nontaxable (e.g. member after-tax contributions)

\$

Total roll over contribution

\$

Note: Rollovers cannot include required minimum distributions. Member after-tax contributions can only be included in a direct rollover from a qualified plan under Code Section 401(a).

Roth roll over

Name of prior plan:

Amount of roll over:

Roth contributions (basis*)

\$

Roth earnings

\$

Total roll over

\$

*Basis represents the amount of accumulated contributions that have already been taxed.

Note: Roth contributions can only be rolled over as part of a direct rollover from a Roth plan and rolled into a plan that accepts Roth money. Roth IRA contributions cannot be rolled over into a Roth plan.

Last 4 digits of SSN/TIN

Roth rollover information *(Complete only one):*

- This is a Roth qualified distribution. (I am at least 59½ or the distribution is the result of death or disability **and** the required 5-taxable-year period has been satisfied.)
- The Roth contribution start date is: (Enter first taxable year in which Roth contributions were made or based upon a previous roll over contribution, if earlier.)

Step 3: Contribution information

Your rollover contribution will be invested in the same manner as your regular contributions to the plan.

Step 4: Supporting documents

Provide the following documentation with this form.

1. The plan administrator or custodian of your prior plan must complete the certification below; and
2. Evidence of the date of distribution from your prior plan, if the funds are not coming directly from your prior plan.

Step 5: Member acknowledgments

General information - Only certain types of withdrawal are eligible for roll over treatment and that is solely your responsibility to ensure such eligibility. By signing below, you affirm that the funds you are rolling over are in fact eligible for such treatment.

You authorize these funds to be rolled over into your employer's plan and to be invested according to the allocation of your regular contributions to the plan. If your assets are received more than 180 calendar days after we receive this Incoming Rollover Form (this "form"), we will allocate all monies received the same as your ongoing allocations election on file. You must call us at 1-833-378-5971 or access your account at **empowermyretirement.com** in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. This completed form must be received by us at the address below.

The current provider may require that you furnish additional information before processing the roll over and we are not responsible for determining the status of any roll over you have requested. It is entirely your responsibility to provide the current provider with any information that they may require, and/or to notify us of any information that the current provider may wish to obtain in order to effect the roll over.

Withdrawal restrictions - The Internal Revenue Code and/or your employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to members before the occurrence of one of the following: attainment of age 59½; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of member.

Account corrections - It is your obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which you communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to you. If you notify us of an error after the 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Last 4 digits of SSN/TIN

Step 6: Signatures and consent

My signature

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

I certify to the best of my knowledge, the funds being rolled over consist entirely of a distribution from the type of plan checked below:

- An employer retirement plan qualified under Code Section 401(a).
- A custodial account or tax-sheltered annuity qualified under Code Section 403(b).
- A governmental plan qualified under Code Section 457(b).
- Eligible rollover amounts from IRAs described in Section 408(a) and 408(b).

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Member signature

Signature date **(Required)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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An original, handwritten signature is required on this form.

(mm/dd/yyyy)

Authorized prior plan administrator or custodian signature

I, as the prior plan administrator or custodian of the above named plan, certify that the above plan is intended to satisfy the requirements of Internal Revenue Code Section:

- 401(a)
- 403(b)
- 457(b)
- 408(a) and 408(b)

I am unaware of any plan provisions or operation that would disqualify the plan.

Authorized prior plan administrator or custodian signature

Signature date **(Required)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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An original, handwritten signature is required on this form.

(mm/dd/yyyy)

Verify and send

Make sure that you have completed each step and send your request.

If you are sending the form only, follow these instructions:

Electronically:	Log in to your account at empowermyretirement.com and click <i>Account</i> at the top of the page and then select <i>Overview</i> from the drop down menu. From the left navigation menu, select <i>Upload documents</i> .
Regular Mail:	Empower, PO Box 56025, Boston, MA 02205-6025
Express Mail:	Empower, 8515 E. Orchard Road, Greenwood Village, CO 80111

If you are sending the payment with the form, follow these instructions:

Make check payable to:	Empower Trust Company, LLC
Include on the check:	Your name, Social Security number, Pipe Fitters' Individual Account and 401(k) Plan, Local 597 and 780155-01.
Regular mail (for check and form, if mailed together):	Empower Trust Company, LLC PO Box 825725 Philadelphia, PA 19182-5725
Express mail (for check and form, if mailed together):	PNC Bank 525 Fellowship Rd, Suite 330 Lockbox # 825725 Mt Laurel, NJ 08054-3415
Wire instructions:	Bank: PNC Bank Account of: Empower Trust Company, LLC (FBO Retirement Plans) Account number: 1082030098 Routing transit number: 043000096 Attention: Financial Control Reference: Your name, Social Security number, Pipe Fitters' Individual Account and 401(k) Plan, Local 597 and 780155-01.

Contact information:

Online empowermyretirement.com
By phone 1-833-378-5971 weekdays from 8 a.m. to 10 p.m. Eastern time
 1-303-737-7249 from outside the U.S.
 TTY number 1-800-345-1833

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