If you have any questions while completing this form, you may contact a Vanguard Participant Services Associate Monday through Friday, between 8:30 AM and 9:00 PM Eastern time at 800-523-1188.
If you wish to convert your plan assets to a Roth IRA, please contact Participant Services for the proper form.

Elevator Constructors Union Local No.1 Annuity and 401(k) Fund

Plan # 095742

Direct Rollover for 401(k) only

Account Information

Social Security # ___ – ___ – ____

Name (Last, First, MI)

Daytime Phone # ___ – ___ – ____ **Evening Phone #** ___ – ___ – ____

Eligible rollover distribution:

% to be transferred as direct rollover _____ %

% to be made payable to me _____ %

100%

Balance Eligible for Rollover

If you wish to make a direct rollover directly to another 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. If you are rolling over into a Vanguard IRA, please include the Vanguard IRA Adoption Agreement with this form. If rolling over into a Vanguard IRA, skip to the Mailing Address section of this form.

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

Trustee/ Institution Name
(Name of company receiving your assets. Please show name exactly as check should be made payable.)

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. ☐ Rollover to Vanguard IRA (Attach Vanguard IRA Adoption Agreement.) ☐ Rollover to Existing Vanguard IRA
Acct No. _____

☐ Invest as invested in my employer plan.

☐ Investment instructions attached.

☐ Mail check to institution at the address below.

Address

City **State** **Zip** – ____

Authorization

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

_____
Signature of Participant Date

Keep a copy for your records and return this form to ECU Local 1 Annuity and 401(k) Fund Office in the enclosed envelope.

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(03/09/2009)

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