

How to Roll Your Money into Your Employer Sponsored Retirement Plan with Elevator Constructors Annuity and 401(k) Retirement Plan

In this packet, you will find information and a form necessary to roll over your Individual Retirement Account (IRA) or employer sponsored retirement plan to your current employer sponsored retirement plan with Elevator Constructors Annuity and 401(k) Retirement Plan.

It's easy! All you have to do is follow the Rollover Checklist. The checklist items are required to complete your rollover.

Rollover Checklist

- Complete and sign the Incoming Rollover form included in this packet.
 - A copy of the original distribution check stub must be attached if you are sending in the check and this form together.
 - If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from an employer sponsored retirement plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type and plan name.
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Questions?

Please call our Rollover Services Team at 1-888-737-4480. We are available to assist you 8 a.m. to 10 p.m. Eastern time, Monday through Friday.



Incoming Rollover Election

Elevator Constructors Annuity and 401(k) Retirement Plan

770430-01

If you have already received a rollover check, send this form and the check together to the address shown in the Payment Instructions section. Please see the Step-by-Step Instructions for Rollover Contributions for important details about the process to complete your incoming rollover before submitting your form and check.

If your previous provider has not already issued a rollover check, and you would like assistance with contacting your previous provider or to learn more about your account consolidation options, please call 1-888-737-4480. A dedicated specialist can help you initiate your incoming rollover over the phone.

Participant Information

_____|_____|_____
 Last Name First Name MI
(The name provided MUST match the name on file with Service Provider.)

 Address - Number & Street

_____|_____|_____
 City State Zip Code

() _____
 Daytime Phone

 Social Security Number

 E-Mail Address

Mo Day Year

 Date of Birth

Payroll Information

 Division Name

 Division Number

Rollover Information - A copy of the original distribution check stub must be attached if you are sending in the check and this form together.

All required documentation must be received in good order and we must review and confirm that the rollover contribution can be accepted into your Plan, before your rollover contribution will be invested in the Plan. If the rollover contribution cannot be accepted into the Plan, it will be returned to the issuer. See attached Step-by-Step Instructions for Rollover Contributions. If you have any questions about your Plan's rollover contribution options, please call 1-888-737-4480.

- I am choosing a Direct Rollover from a:
 - Qualified 401(a) plan (Profit Sharing or Money Purchase)
 - Qualified 401(k) plan
 - Non-Roth
 - Pre-tax: \$_____ (all contributions and earnings, excluding Roth contributions and earnings)
 - After-tax: \$_____
 - Roth (employee contributions and earnings)
 - 403(b) plan
 - Non-Roth
 - Pre-tax: \$_____ (all contributions and earnings, excluding Roth contributions and earnings)
 - After-tax: \$_____
 - Roth (employee contributions and earnings)
 - Traditional IRA (Only pre-tax amounts may be rolled over)

Instructions and Authorization from the Owner/Account-holder to Current Trustee or Custodian

As owner of the account referenced below, I hereby authorize you, _____
(Company Name) to liquidate:

- 100% (Approximate transfer amount \$ _____) OR

Incoming Rollover Election

Last Name	First Name	MI	Social Security Number
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- Part (\$ _____) of my account and transfer the proceeds to my new employer sponsored plan:
 - Immediately
 - At Maturity (if applicable)

I am choosing an In-direct 60-Day Rollover from a (if an exception(s) applies, please indicate reason(s) for late contribution below the plan type):

Plan Type

- Qualified 401(a) plan (Profit Sharing or Money Purchase)
- Qualified 401(k) plan
 - Non-Roth
 - Pre-tax: \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - After-tax: \$ _____
 - Roth (employee contributions and earnings)
- 403(b) plan
 - Non-Roth
 - Pre-tax: \$ _____ (all contributions and earnings, excluding Roth contributions and earnings)
 - After-tax: \$ _____
 - Roth (employee contributions and earnings)
- Traditional IRA (Only pre-tax amounts may be rolled over)

Instructions and Authorization from the Owner/Account-holder to Current Trustee or Custodian

As owner of the account referenced below, I hereby authorize you, _____
(Company Name) to liquidate:

- 100% (Approximate transfer amount \$ _____) **OR**
- Part (\$ _____) of my account and transfer the proceeds to my new employer sponsored plan:
 - Immediately
 - At Maturity (if applicable)

Reasons for Late Contribution

I intended to make the rollover within 60 days after receiving the distribution but was unable to do so for the following reason(s). Check all that apply:

- An error was committed by the financial institution making the distribution or receiving the contribution.
- The distribution was in the form of a check and the check was misplaced and never cashed.
- The distribution was deposited into and remained in an account that I mistakenly thought was a retirement plan or IRA.
- My principal residence was severely damaged.
- One of my family members died.
- I or one of my family members was seriously ill.
- I was incarcerated.
- Restrictions were imposed by a foreign country.
- A postal error occurred.
- The distribution was made on account of an IRS levy and the proceeds of the levy have been returned to me.
- The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.

Incoming Rollover Election

Last Name	First Name	MI	Social Security Number
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Previous Provider Information:

Company Name	Account Number
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Mailing Address _____

City/State/Zip Code	() Phone Number
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Required Documentation

If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from a previous employers plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type, plan name, and if applicable, Roth first contribution date and Roth contribution amounts.

If you do not have this information on the statement, please have your Previous Plan Administrator complete the applicable fields below. Also provide the signature of the previous employer as Plan Administrator.

The name of the distributing plan is _____

(hereinafter referred to as the "Plan"). The Plan Administrator of the Plan certifies to the best of their knowledge that:

(1) The Plan is designated or intended to be tax qualified under the Code and meets the requirements of a

- Qualified 401(a) or 401(k) plan
- 403(b) plan

(2) The amounts are eligible for rollover as described in Code section 402(c).

(3) Employer/employee before-tax contribution and earnings: \$ _____

(4) After-tax contributions: _____

After-tax cost basis: \$ _____

After-tax earnings: \$ _____

12/31/86 after-tax cost basis \$ _____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

(5) For Rollovers from designated Roth accounts:

Roth first contribution date: _____

Roth contributions (no earnings): _____

Roth earnings: _____

(6) For In-plan Roth Transfers/Rollovers:

Roth recapture amount: _____

Roth recapture date(s): _____

Roth contributions (no earnings): _____

Roth earnings: _____

(7) Signature of previous employer:

I am authorized to sign as Plan Administrator of the previous employer.

Signature of "Plan Administrator" _____

Printed Name of "Plan Administrator" _____

Title _____

Company Name _____ Date _____

Phone Number _____ Email Address _____

Incoming Rollover Election

Last Name

First Name

MI

Social Security Number

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

Investment Option Information - Please refer to your Plan materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
T. Rowe Price Retirement 2010 Tr-B.....	N/A	S4839F	_____	Janus Henderson US SMID Cap Growth III...	N/A	JHSIII	_____
T. Rowe Price Retirement 2020 Tr-B.....	N/A	S4828F	_____	Wedge QVM SMID Cap Value CIT A.....	N/A	WQMMCA	_____
T. Rowe Price Retirement 2030 Tr-B.....	N/A	S4829F	_____	BNYM Newton NSL US Dynamic Large Cap S	N/A	BNDLCS	_____
T. Rowe Price Retirement 2040 Tr-B.....	N/A	S4838F	_____	Fidelity BlueChip Growth Commingled Pl....	N/A	FBCGCP	_____
T. Rowe Price Retirement 2050 Tr-B.....	N/A	S4831F	_____	Vanguard Balanced Index Fund - Inst'l.....	VBAIX	VBAIX	_____
T. Rowe Price Retirement 2060 Tr-B.....	N/A	S4835F	_____	Vanguard Institutional Index Instl Pl.....	VIIIX	VIIIX	_____
American Funds EuroPacific Gr R6.....	RERGX	RERGX	_____	DFA Global Allocation 60/40 Port Instl.....	DGSIX	DGSIX	_____
Arrowstreet Global Equity ACWI CIT A.....	N/A	ASGEAC	_____	Loomis Sayles Core Fixed Income Trust D...	N/A	LSCFID	_____
Fidelity Small Cap Index.....	FSSNX	FSSNX	_____	General Account.....	N/A	MGDYB3	_____
MUST INDICATE WHOLE PERCENTAGES							=100%

Required Signature - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Rollover Election form, including the Participant Acknowledgements. I affirm that all information provided is true and correct. If a rollover is requested, I certify that: 1) the distribution was not a series of periodic payments, required minimum distribution, hardship distribution, excess contribution(s) or Roth IRA assets; 2) if an In-direct 60-day rollover, the rollover contribution is being made to the Plan within 60 days from the date I received my distribution; and 3) that the entire amount is being rolled over from an "eligible retirement plan" within the meaning of Code Section 402.

I am encouraged to discuss rolling money from one account to another with my financial advisor/planner and to consider any potential fees and/or limitations of available investment options.

I understand that an election to rollover to this Plan from another plan or IRA may result in significant tax consequences to me. I am responsible for any income tax or penalties for the election I made in this form. I acknowledge that Service Provider has not provided any tax or investment advice. I acknowledge that if I need financial or tax advice related to this rollover election, it is my responsibility to consult with my personal financial and/or tax advisor.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward or upload as shown above in the Payment Instructions section

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc. (EFSI), Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.

Incoming Rollover Election

Last Name

First Name

MI

Social Security Number

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 I am rolling over are in fact eligible for such treatment.

I authorize these funds to be allocated into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

I understand that I am permitted to direct the investment of my accounts in the Plan. I acknowledge that I have received and reviewed the information about my investment choices and have had an opportunity to freely choose how my accounts are invested. I understand and agree that my employer and other plan fiduciaries will not be liable for the results of my investment directions. **All funds rolled in the Elevator Constructors Annuity and 401(k) Retirement Plan are subject to the terms of the Elevator Constructors Annuity and 401(k) Retirement Plan.**

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the rollover assets ("assets") the same as my most recent investment election on file (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected by my Plan, the funds will be returned to the payor. If additional assets from the same source are received more than 180 calendar days after Service Provider receives the initial assets, I authorize Service Provider to allocate all monies received the same as my most recent investment election on file with Service Provider. I understand I must call 1-888-737-4480 or access the Web site in order to make changes or transfer monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Rollover Election form, I understand Service Provider will require the submission of a new form for approval. Assets will not be invested until after approval is granted. Forms and documentation received after market close will be reviewed for approval the following business day. I understand that this completed form must be received by Service Provider at the address indicated in the Required Signature section of this form.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing. I understand and agree that Service Provider will not be liable for the results of my investment directions.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors.

Outstanding Loan Balance - An outstanding loan balance cannot be included in the rollover. However, you may pay off the outstanding loan balance *before* this rollover is submitted. After the loan is paid off, you may submit this rollover request. If you do not pay off the outstanding loan balance, you may rollover only the cash value (not including the loan) from the Plan that has the outstanding loan.

Certification for Late Rollover Contribution - Pursuant to Internal Revenue Service Revenue Procedure 2016-47, I certify that my contribution which I have described on this form missed the 60-day rollover deadline for the reason(s) listed under Reasons for Late Contribution Section. I am making this contribution as soon as practicable after the reason or reasons I indicated no longer prevent me from making the contribution. I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with your rollover procedures.

Pursuant to Revenue Procedure 2016-47, unless you have actual knowledge to the contrary, you may rely on this certification to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the amount identified on this form. You may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.

I declare that the representations made with respect to my certification for late rollover contribution on this form are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties. If the contribution is made to an IRA, I understand you will be required to report the contribution to the IRS. I also understand that I should retain a copy of this signed certification with my tax records.

Incoming Rollover Election

Last Name

First Name

MI

Social Security Number

Payment Instructions

If you have already contacted your previous provider to initiate your rollover distribution, or have already received a rollover check, use the payment and mailing instructions below. If you are mailing this form only, see instructions below.

Make check payable to:

Empower Trust Company, LLC

Include the following information on the check:

Participant Name, Individual ID (*found on account statement*), Plan Number, Plan Name

Wire instructions:

Account of: Empower Trust Company, LLC (FBO Retirement Plans)

Bank: PNC Bank

Account no: 1082030098

Routing transit no: 043000096

Attention: Financial Control

Reference: Participant Name, Social Security Number, Plan Number, Plan Name

Regular mail address for the

check and form (if mailed together):

Empower Trust Company, LLC

PO Box 825725

Philadelphia, PA 19182-5725

Overnight mail address for the

check and form (if mailed together):

PNC Bank

525 Fellowship Rd, Suite 330

Lockbox # 825725

Mt Laurel, NJ 08054-3415

Contact: Empower

Phone: 1-833-390-4832

Mailing Instructions if sending this form only

If you have not received a rollover check or initiated your rollover distribution with your previous provider, send this form only to us. Please mail to the address above.

After your request has been received and processed, we will contact you to initiate your distribution from the other provider. You can also call a dedicated specialist at 1-888-737-4480, if you have any questions about the status of your incoming rollover request.

Incoming Rollover Election

Last Name	First Name	MI	Social Security Number
Division Information			
1	National Elevator Industry All Employees (Weekly)	102	Dormant 8002/8004 CBA Employees (Monthly)
2	New York CBA Employees (Monthly)	105	Dormant CBA Employees (Bi-weekly)
3	Chicago CBA Employees (Monthly)	106	Plan CBA Employees (Monthly)
4	St. Louis CBA Employees (Monthly)	107	New Installments All Employees (Bi-weekly)
5	Boston CBA Employees (Monthly)	108	Trustees, ECA & 401(k) CBA Employees (Bi-weekly)
6	Philadelphia CBA Employees (Monthly)	109	New York Non CBA Employees (Monthly)
7	Pittsburgh CBA Employees (Monthly)	110	Chicago Non CBA Employees (Monthly)
8	Baltimore CBA Employees (Monthly)	111	St. Louis Non CBA Employees (Monthly)
9	San Francisco CBA Employees (Monthly)	112	Boston Non CBA Employees (Monthly)
10	Minneapolis CBA Employees (Monthly)	113	Philadelphia Non CBA Employees (Monthly)
11	Washington CBA Employees (Monthly)	114	Pittsburgh Non CBA Employees (Monthly)
12	Cincinnati CBA Employees (Monthly)	115	Baltimore Non CBA Employees (Monthly)
13	Kansas City CBA Employees (Monthly)	116	San Francisco Non CBA Employees (Monthly)
14	Buffalo CBA Employees (Monthly)	117	Minneapolis Non CBA Employees (Monthly)
15	Milwaukee CBA Employees (Monthly)	118	Washington Non CBA Employees (Monthly)
16	New Orleans CBA Employees (Monthly)	119	Cincinnati Non CBA Employees (Monthly)
17	Cleveland CBA Employees (Monthly)	120	Kansas City Non CBA Employees (Monthly)
18	Los Angeles CBA Employees (Monthly)	121	Buffalo Non CBA Employees (Monthly)
19	Alaska-Seattle CBA Employees (Monthly)	122	Milwaukee Non CBA Employees (Monthly)
20	Louisville CBA Employees (Monthly)	123	New Orleans Non CBA Employees (Monthly)
21	Dallas CBA Employees (Monthly)	124	Cleveland Non CBA Employees (Monthly)
22	Portland CBA Employees (Monthly)	125	Los Angeles Non CBA Employees (Monthly)
23	Birmingham CBA Employees (Monthly)	126	Alaska-Seattle Non CBA Employees (Monthly)
24	Denver CBA Employees (Monthly)	127	Louisville Non CBA Employees (Monthly)
25	Rochester CBA Employees (Monthly)	128	Dallas Non CBA Employees (Monthly)
26	Omaha CBA Employees (Monthly)	129	Portland Non CBA Employees (Monthly)
27	Memphis CBA Employees (Monthly)	130	Birmingham Non CBA Employees (Monthly)
28	Houston CBA Employees (Monthly)	131	Denver Non CBA Employees (Monthly)
29	Atlanta CBA Employees (Monthly)	132	Rochester Non CBA Employees (Monthly)
30	Des Moines CBA Employees (Monthly)	133	Omaha Non CBA Employees (Monthly)
31	Indianapolis CBA Employees (Monthly)	134	Memphis Non CBA Employees (Monthly)
32	Albany CBA Employees (Monthly)	135	Houston Non CBA Employees (Monthly)
33	Detroit CBA Employees (Monthly)	136	Atlanta Non CBA Employees (Monthly)
34	Columbus CBA Employees (Monthly)	137	Des Moines Non CBA Employees (Monthly)
35	Salt Lake City CBA Employees (Monthly)	138	Indianapolis Non CBA Employees (Monthly)
36	Providence CBA Employees (Monthly)	139	Albany Non CBA Employees (Monthly)
38	Springfield 41 CBA Employees (Monthly)	140	Detroit Non CBA Employees (Monthly)
41	Toledo CBA Employees (Monthly)	141	Columbus Non CBA Employees (Monthly)
42	Akron CBA Employees (Monthly)	142	Salt Lake City Non CBA Employees (Monthly)
44	Charlston CBA Employees (Monthly)	143	Providence Non CBA Employees (Monthly)
45	Jacksonville CBA Employees (Monthly)	144	Springfield 41 Non CBA Employees (Monthly)
46	Richmond CBA Employees (Monthly)	145	Toledo Non CBA Employees (Monthly)
47	Norfolk CBA Employees (Monthly)	146	Akron Non CBA Employees (Monthly)
49	Dormant CBA Employees (Bi-weekly)	147	Charlston Non CBA Employees (Monthly)
50	Peoria CBA Employees (Monthly)	148	Jacksonville Non CBA Employees (Monthly)
51	South Bend CBA Employees (Bi-weekly)	149	Richmond Non CBA Employees (Monthly)
53	Harrisburg CBA Employees (Monthly)	150	Norfolk Non CBA Employees (Monthly)
56	Syracuse CBA Employees (Monthly)	151	Peoria Non CBA Employees (Monthly)
57	Oklahoma City CBA Employees (Monthly)	152	Harrisburg Non CBA Employees (Monthly)
58	Knoxville CBA Employees (Bi-weekly)	153	Syracuse Non CBA Employees (Monthly)
61	Miami CBA Employees (Monthly)	154	Oklahoma City Non CBA Employees (Monthly)
62	Tampa CBA Employees (Monthly)	155	Knoxville Non CBA Employees (Bi-weekly)
66	Little Rock CBA Employees (Monthly)	156	Miami Non CBA Employees (Monthly)
67	Greensboro CBA Employees (Monthly)	157	Tampa Non CBA Employees (Monthly)
68	San Antonio CBA Employees (Monthly)	158	Little Rock Non CBA Employees (Monthly)
69	Tulsa CBA Employees (Monthly)	159	Greensboro Non CBA Employees (Monthly)
70	Reading CBA Employees (Monthly)	160	San Antonio Non CBA Employees (Monthly)
71	Lansing CBA Employees (Monthly)	161	Tulsa Non CBA Employees (Monthly)
74	New Haven CBA Employees (Monthly)	162	

Incoming Rollover Election

	Last Name	First Name	MI	Social Security Number
75	Springfield 92 CBA Employees (Bi-weekly)		163	Reading Non CBA Employees (Monthly)
76	Nashville CBA Employees (Monthly)		164	Lansing Non CBA Employees (Monthly)
80	Shreveport CBA Employees (Bi-weekly)		165	New Haven Non CBA Employees (Monthly)
81	Dormant CBA Employees (Bi-weekly)		166	Nashville Non CBA Employees (Monthly)
82	Dormant CBA Employees (Bi-weekly)		167	Mobile Non CBA Employees (Monthly)
83	Rockford CBA Employees (Bi-weekly)		168	Honolulu Non CBA Employees (Monthly)
84	Dormant CBA Employees (Bi-weekly)		169	Albuquerque Non CBA Employees (Monthly)
85	Mobile CBA Employees (Monthly)		170	Madison Non CBA Employees (Monthly)
87	Honolulu CBA Employees (Monthly)		171	Austin Non CBA Employees (Monthly)
89	Dormant CBA Employees (Monthly)		172	Charlotte Non CBA Employees (Monthly)
90	Albuquerque CBA Employees (Monthly)		173	Poughkeepsie Non CBA Employees (Monthly)
91	Madison CBA Employees (Monthly)		174	Orlando Non CBA Employees (Monthly)
92	Austin CBA Employees (Monthly)		175	Phoenix Non CBA Employees (Monthly)
93	Dormant CBA Employees (Bi-weekly)		176	Dormant 8002/8004 Non CBA Employees (Monthly)
94	Charlotte CBA Employees (Monthly)		9966	Plan Non CBA Employees (Monthly)
97	Poughkeepsie CBA Employees (Monthly)		9977	DUPLICATE THREE
98	Orlando CBA Employees (Monthly)		9988	DUPLICATE TWO
99	Phoenix CBA Employees (Monthly)		9999	DUPLICATE ONE
				UNASSIGNED



Acceptance of Assets - to the Sending Custodian/Trustee To be completed by Empower

Participant's Name: _____

Receiving Plan Name: Elevator Constructors Annuity and 401(k) Retirement Plan

Receiving Plan Number: 770430-01

Last 4 digits of Participant's Social Security Number: _____

Prior Provider Policy/Account Number: _____

To Whom it May Concern

Empower Retirement LLC. and its affiliates Empower provide recordkeeping and asset custody services to the employer sponsored retirement plan referenced on the attached Incoming Rollover Form. The plan's records reflect a beneficial account for the participant requesting a rollover of assets from your institution into the plan account.

At the direction of the employer sponsoring the plan, Empower agrees to accept the transferred funds from the sending institution and allocate them to the participant's beneficial account under the plan in accordance with the applicable provisions of the Internal Revenue Code.

**Authorized Signature
Empower**

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Empower Internal Event ID: _____

On behalf of the plan and the participant, we ask that you please complete this requested transaction, as soon as possible. Please make check payable to: Empower Trust Company, LLC

FBO: _____

Regular mail address for the check and form (if mailed together):

Empower Trust Company, LLC
PO Box 825725
Philadelphia, PA 19182-5725

Overnight mail address for the check and form (if mailed together):

PNC Bank
525 Fellowship Rd, Suite 330
Lockbox # 825725
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone: 1-833-390-4832

When completing the request, please include the following:

- Participant's Social Security Number
- An itemized record of the distribution, outlining any and all surrender penalties
- Breakdown by money source (i.e. Employee and Employer contributions)

We appreciate your prompt attention regarding this matter. If you have any questions or require additional information, please feel free to contact our Client Service Department at 1-888-737-4480.

Step-by-Step Instructions for Rollover Contributions

Elevator Constructors Annuity and 401(k) Retirement Plan offers you the opportunity to "roll over" the distribution you receive from your previous employer's plan or IRA. The following information and instructions are designed to help you through this process. If you have any questions, please contact a dedicated specialist at 1-888-737-4480.

Determine Whether Your Contribution Is a Direct Rollover or an In-direct 60-Day Rollover.

- **Direct Rollover:** Your previous plan or annuity makes the distribution check payable directly to Empower Trust Company, LLC.
- **In-direct 60-Day Rollover:** Your previous plan or annuity makes the distribution check payable to you.

If You Are Electing a Direct Rollover

- Complete the Participant Information section of the Incoming Rollover Election form.
- Complete the Rollover Information section choosing Direct Rollover and the applicable Internal Revenue Code ("Code") plan type on the form.
 - If you are rolling over after-tax contributions, please indicate the amount of the after-tax cost basis (contribution amount not including earnings).
- Complete the Previous Provider Information section.
- Complete the Required Documentation section. Please attach a copy of most recent account statement to the Incoming Rollover Election form. If your most recent account statement does not indicate the Code plan type and Plan Name of your previous employer's plan, you must ALSO have your previous employer sign the Incoming Rollover Election form. For an IRA, please verify the account statement indicates the account is an IRA.
- For a Direct Rollover from an IRA please note: The maximum amount eligible for rollover is the total amount of your taxable IRA contributions plus earnings. Non-taxable IRA contributions may not be rolled over. If your rollover amount was held in a conduit IRA and you were born before January 1, 1936, you may be eligible for capital gains treatment. In this instance, you may want to track these rollover amounts in order to be eligible for favorable tax treatment. If the amounts were from a SIMPLE IRA, you would have had to participate in the SIMPLE IRA for a minimum of two years.
- **If you have already received a rollover check, send this form, the check and the check stub together to the appropriate address shown in the Payment Instructions section.**
- **If you do not have a rollover check, and have not initiated a distribution from the other provider,**
 1. **Send this form with appropriate documentation described on this form.**
 2. **In order to complete the rollover, the previous provider must be contacted and instructed to distribute the assets. If you would like assistance with contacting the other carrier, please contact a dedicated specialist at 1-888-737-4480.**
- Send your completed Incoming Rollover Election form with required documentation attached to:

Regular mail address for the check and form (if mailed together):

Empower Trust Company, LLC
PO Box 825725
Philadelphia, PA 19182-5725

Overnight mail address for the check and form (if mailed together):

PNC Bank
525 Fellowship Rd, Suite 330
Lockbox # 825725
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone: 1-833-390-4832

Or upload electronically to empower.com/iuec (Click Upload Documents to submit)

- Service Provider will review your request and required documentation to determine if your rollover can be accepted into the Plan. If information is missing, we will contact you for more information.
- After your request has been received and processed, we will contact you to initiate your distribution from the other carrier.

If You Are Electing an In-direct 60-Day Rollover

- Complete the Participant Information section of the Incoming Rollover Election form.
- Complete the Rollover Information section choosing an In-direct 60-Day Rollover and the applicable Code. Please send a copy of the check stub, showing the amount of the distribution and withholding, from the previous provider.

- If you are rolling over after-tax contributions, please indicate the amount of the after-tax cost basis (contribution amount not including earnings).
- Complete the Previous Provider Information section.
- Complete the Required Documentation section. Attach a copy of most recent account statement to the Incoming Rollover Election form. If your most recent account statement does not indicate the Code plan type and Plan Name of your previous employer's plan, you must ALSO have your previous employer sign the Incoming Rollover Election form. For an IRA, please verify the account statement indicates the account is an IRA.
- To avoid any income tax consequences, you must roll over your entire gross distribution (including any income tax withholding). If you roll over less than your gross distribution, the amount not rolled over will be subject to income tax and may be subject to excise tax.
- Send the Incoming Rollover Election form to:

Regular mail address for the check and form (if mailed together):

Empower Trust Company, LLC
PO Box 825725
Philadelphia, PA 19182-5725

Overnight mail address for the check and form (if mailed together):

PNC Bank
525 Fellowship Rd, Suite 330
Lockbox # 825725
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone: 1-833-390-4832

Or upload electronically to empower.com/iuec (Click Upload Documents to submit)

- **If you have already received a rollover check, send this form, the check and the check stub together to the appropriate address shown in the Payment Instructions section.**
- Service Provider will review your request and required documentation to determine if your rollover can be accepted into the Plan. If information is missing, we will contact you for more information.

Endorse the rollover check to:

Empower Trust Company, LLC,

OR

If your rollover check has already been cashed, please consider sending in a cashier's check or certified check made payable to Empower Trust Company, LLC.

Some Important Rollover Facts

- If any documentation is missing, your request will not be processed until you have submitted the required documentation for review.
- In the event that a rollover contribution is made that cannot be accepted, the rollover contribution will be made payable and returned to the issuer. Please contact a dedicated specialist at 1-888-737-4480, if you have any questions about your incoming rollover options for this Plan.
- Examples of Contributions Which Cannot Be Rolled Over:
 - Any "required minimum distribution" (i.e., amount being paid to you because you are age 70 1/2 or older).
 - Distributions that are a series of periodic payments (made at least annually) and paid to you over your life expectancy (or the life expectancy of you and your beneficiary) or for a period of at least 10 years.
 - Hardship Distributions
 - Unforeseeable Emergency Distributions
 - Excess Contributions
 - Roth IRA Assets
- Please Note: If you are making a "Regular 60-Day Rollover" under Federal Regulations, you have 60 (sixty) days from the date of your distribution to make a rollover contribution. It is your responsibility to ensure that Empower receives all required documentation AND your rollover contribution prior to the expiration of the 60-day period. After 60 days, Empower can only accept a rollover on behalf of the Plan if you certify a reason for late contribution. You will be responsible for any income tax or tax penalties for failure to meet the 60-day rule for rollover contributions when information is not provided and the rollover contribution is not made within the 60-day period. If you provide a reason for late contribution, you will be responsible for maintaining the documentation.

- An election to rollover to this Plan from another plan or IRA may result in significant tax consequences to you. You are responsible for any income tax or penalties for the election made in this form.
- Review decisions related to your qualified plan distribution with your financial advisor or tax advisor.

Read this information carefully.