

**Painters and Allied Trades DC 82
Defined Contribution Pension Plan**

Rollover Form

Wilson-McShane Corporation
3001 Metro Drive – Suite 500
Bloomington, MN 55425
Phone: (952) 854-0795
Toll Free: (800) 535-6373

Participant Name: _____

SSN Last Four Digits: _____

Address: _____

Date of Birth: ____ / ____ / ____

Telephone number: (____) _____ ext. _____

Amount of Rollover Contribution: \$ _____

Indicate type of account from which you are rolling over (check one - required):

- Qualified Retirement Plan
- Rollover Individual Retirement Account (IRA)
- Annuity established solely to hold a qualified distribution

Name of Plan or IRA/Annuity institution from which you are rolling over: _____

By signing below, I hereby certify that the distribution I received from the above-referenced account is an “eligible rollover distribution” and *does not* include the following:

- After-tax contributions to an IRA
- An annuity or installment payment over 10 years or more
- A required minimum distribution paid after 70 ½ years of age

Signature

Date

1. **Attach** check stub listing rollover contributions and/or earnings amounts or a current account statement.
2. **Make a copy** of the rollover check for your records.
3. **Attach** to rollover check to this form. **Checks** should be made payable to “a7452 Painters & Allied Trades DC 82 Defined Contribution Plan, FBO (For Benefit Of) <<Your Name >>”.

RETURN THIS FORM ALONG WITH THE CHECK TO:

**Painters and Allied Trades DC 82 Defined Contribution Plan
3001 Metro Drive, Suite 500
Bloomington, MN 55425**