Elevator Constructors Union Local No.1 Plan # 095742 Annuity and 401(k) Fund **Rollover Contribution Account Information** Social Security # Name (Last, First, MI) **Home Address** City State Zip Date of Birth (mm/dd/yyyy) **Daytime Phone # Evening Phone # Rollover Amount** I elect to deposit a rollover into the Elevator Constructors Union Local No.1 Annuity and 401(k) Fund. I understand that the rollover may include salary reduction contributions, and/or employer contributions, and the earnings thereon. Cash: The amount of my Pre-Tax rollover is: Note: The check should be made payable to: Vanguard Fiduciary Trust Company FBO "Your Name", last 4 digits of Social Security Number. Mail check and completed form to: Vanguard, 400 Devon Park Drive, Wayne, PA 19087. Payment must be by employer or institutional check, cashier's check, or money order. Personal checks are not accepted. **Prior Plan Type** Please check one: **Qualified Plan Governmental 457** 403(b) **Conduit IRA Investment Election** Please invest the enclosed rollover check in the following manner. Allocations must be in increments of 1%. Make one of the two choices below. Please invest my qualified rollover money using my current fund allocations. Choose new fund allocations for your rollover in the boxes below. **Target Retirement Funds** If you choose a Vanguard Target Retirement Fund, it is advised that you specify one fund in which to invest 100% of your contributions. **Fund Code Fund Name** Fund Code **Fund Name** Allocation Allocation 001691 Vanguard Target Retirement 2060 Fund 000695 Vanguard Target Retirement 2030 Fund Vanguard Target Retirement 2055 Fund Vanguard Target Retirement 2025 Fund 000304 001487 000699 Vanguard Target Retirement 2050 Fund 000682 Vanguard Target Retirement 2020 Fund 000306 Vanguard Target Retirement 2045 Fund 000303 Vanguard Target Retirement 2015 Fund 000696 Vanguard Target Retirement 2040 Fund 000681 Vanguard Target Retirement 2010 Fund 000305 Vanguard Target Retirement 2035 Fund 000308 Vanguard Target Retirement Income Fund Core Funds Or for the following list of funds, specify percentages in 1% increments. The total must equal 100%. Fund Code Fund Name Allocation Fund Code Allocation **Fund Name** 000376 Vanguard Retirement Savings Trust VIII 006022 **Broadview Opportunity Fund** Vanguard International Value Fund 000084 Vanguard Total Bond Market Index Fund 000046 003719 Metropolitan West Total Return Bond Fund 000071 Vanguard LifeStrategy Income Fund 000085 Vanguard Total Stock Market Index Fund 000002 Vanguard Balanced Index Fund 000026 Vanguard Morgan Growth Fund 00001K Vanguard LifeStrategy Growth Fund 000073 Vanguard Windsor II Fund 002570 Templeton Global Bond Fund 002943 Lazard Emerging Markets Fund* 002642 Victory Munder Mid-Cap Core Growth Fund 002625 Columbia Mid Cap Value Fund 003090 BlackRock Global Allocation Fund 000040 Vanguard 500 Index Fund 003120 JPMorgan High Yield Fund 0000X9 Vanguard Mid-Cap Index Fund 000057 Vanguard Dividend Growth Fund 0000XA Vanguard Small-Cap Value Index Fund 1 0 0 Your allocations must total 100%. 0000XB Vanguard Small-Cap Growth Index Fund

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the appropriate Vanguard Target Retirement Fund based on your age.

*There is a purchase and/or a redemption fee for this fund. Please review the fund's prospectus for further details.

Employee Certification

Employee Certification for Indirect Rollover

I hereby certify the following:

- 1. I was entitled to the distribution from the prior plan as an employee or spouse beneficiary;
- 2. The distribution was **not** one of a series of periodic payments;
- 3. I received the distribution not more than 60 days before the intended rollover contribution to the new plan; and
- 4. The entire amount of this rollover contribution would be taxable to me if it were not rolled over.

If the rollover is from a conduit IRA, I hereby further certify that:

- 5. I originally rolled over the distribution from the prior plan to the IRA within 60 days of my receipt of the distribution;
- 6. The entire amount of the rollover contribution to the IRA would have been taxable to me if it were not rolled over;
- 7. No amount other than a rollover contribution from a qualified plan was contributed to the IRA; and
- 8. I received the distribution from the IRA not more than 60 days before the intended rollover contribution to the new plan.

Note: It is important that **all** of the certifications you have made above are true and accurate. If any of the certifications are not accurate please do not attempt to rollover your distribution to the Plan.

Authorization		
I have read and acknowledge the certifications above. I understand that if any of the certifications made above are incorrect, my distribution is not eligible for rollover and I may be subject to adverse tax consequences as a result of the improper rollover. I agree to promptly notify the Fund Office if I later discover that any certifications are incorrect.		
Signature of Participant	Date	

(01/30/2015)

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