

REQUEST FOR REALIGNMENT OF ANNUITY RETIREMENT ACCOUNT

Name _____ Social Security No _____

Address _____

I hereby direct the trustees of IBEW Seventh District Retirement Fund to transfer the following amount. I understand such transfer will be effective as of January 1, 2020. I understand that for this realignment request to be effective as of January 1, 2020 it must be received by the trustees no later than February 1, 2020. I also understand all rules and regulations applicable to accounts under the Plan document.

Please transfer \$ _____ % from my trustee-directed account to my stable value account or transfer \$ _____ % from the stable value account to the trustee-directed account.
(you may use percentages or \$ amounts)

In addition, please allocate my future contributions between my accounts as follows (in the absence of any direction, the trustees will continue to credit all future contributions to your trustee-directed account):

Trustee-directed account	_____ %
Stable value account	_____ %
Total contributions	<u>100</u> %

I understand that if I establish two accounts, I will be charged year-end expenses on each account.

Signature _____ Date _____

Mail to: IBEW SEVENTH DISTRICT RETIREMENT BENEFIT TRUST FUND
418 S. Polk Street, Suite 200
Amarillo, TX 79101

Fax to: 806-372-3355

A copy of this page will be returned to you verifying options.