

Building Service 32BJ Supplemental Retirement Savings Plan (SRSP)

ROLLOVER CONTRIBUTION FORM

1-800-752-2697



- Use this form to make a rollover contribution to the Plan. Please complete in ink.
- If you are not already enrolled in the Plan, you must also complete a Beneficiary Designation Form.
- Your choices on this form may affect your taxes. You may wish to consult your own tax or financial advisor.

1. PARTICIPANT INFORMATION

_____-_____-_____
Social Security Number Last Name First Name M.I.

Address

City State Zip Code

(_____)_____-_____
Daytime Telephone Number Evening Telephone Number

2. ROLLOVER CONTRIBUTION AMOUNT (Please check one of the following)

- I wish to roll over the following amount into the Plan \$_____ (may be an approximate figure).
- A check from my previous employer’s qualified plan, made payable to Mercer Trust Company FBO “my name,” is attached.
- Since the distribution was paid directly to me, I have attached a Cashiers Check or Money Order payable to Mercer Trust Company. I understand I have the option to include (or not to include) in this check the amount of any taxes withheld plus any outstanding loan balance deducted from the original distribution, in order to maximize the amount rolled over and to avoid any portion of this contribution being considered taxable to me. The distribution was rolled over within 60 days of receiving the distribution(s) from my previous employer’s qualified Plan(s).
- This rollover is from a Conduit IRA. I have placed no additional money into the Conduit IRA other than the rollover contribution(s). A check made payable to Mercer Trust Company FBO “my name” is attached.

3. INVESTMENT CHOICES (Shaded area for Mercer use only)

Invest my rollover contribution in whole percentage increments as follows (complete). Elections must total 100%.

Code	Fund Name	Percentage
PT	Perkins Mid-Cap Value Fund	_____%
P1	Columbia Acorn Fund	_____%
P3	Artisan Mid-Cap Fund	_____%
P6	American Funds Growth Fund of America	_____%
TD	TCW Galileo Select Equity Fund	_____%
YA	Putnam Asset Allocation: Growth Portfolio - Class Y	_____%
YB	Putnam Asset Allocation: Balanced Portfolio - Class Y	_____%
YC	Putnam Asset Allocation: Conservative Portfolio - Class Y	_____%
HA	Harbor International Fund Institutional Class	_____%
N4	Northern Trust Daily S&P 500 Equity Index Fund	_____%
VP	Vanguard Value Index Fund Institutional	_____%
89	Putnam Money Market Fund	_____%
VT	Allianz NFJ Small Cap Value Fund	_____%
TR	Federated Total Return Government Bond Fund	_____%
TOTAL		100%

Investors should consider the investment objectives, risks, charges and expenses of a fund carefully before investing. For a prospectus or an offering statement containing this and other information about any fund, please call your plan’s toll-free number. Read the prospectus or offering statement carefully before making any investment decisions.

An investment in a money market fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other governmental agency. Although such a fund seeks to preserve your investment at \$1.00 per share, it is possible to lose money by investing in the fund.

If you fail to make any investment choices, the total rollover proceeds will be invested according to the company’s default instructions. In addition, if the percentages provided do not equal 100%, your rollover contribution will remain uninvested until complete information is received from you.

4. REQUIRED DOCUMENTATION

- Please provide one of the following:
- If you are rolling over from a qualified plan, you must provide **ONE** of the following forms of documentation related to your prior plan:
- IRS Determination Letter
 - Distribution Statement or Summary Plan Description
- If you are rolling over from a conduit IRA, 403(b) or governmental 457 plan, you must also provide your distribution statement from the institution that maintained your IRA. Additionally, you must provide a statement of verification confirming the qualified rollover into your conduit IRA.

5. PARTICIPANT CERTIFICATION

I certify that this rollover represents taxable monies originating from a previous employer’s qualified Plan. I hereby further acknowledge that I have received a fund prospectus or offering statement for each of the investment option selected above.

Signature of Participant Date

6. RETURN FORM

US Postal Mail (including USPS Express Mail)	Other Courier Mail
Mercer	Mercer
Attn: Building Service 32BJ SRSP-650630	Attn: Building Service 32BJ SRSP-650630
P.O. Box 9740	Investors Way
Providence, RI 02940-9740	Norwood, MA 02062



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