Incoming Direct Rollover
401(k) Plan

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Empower Advisory Group, LLC ("EAG").

The Supplemental Pension/401(k) Plan to IBEW LU 1141 Retirement and 401(k) Plan — 780838-01

Participant Information

Last Name | First Name | MI

(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

Mo | Day | Year
Date of Birth

❑ Female ❑ Male

❑ Married ❑ Unmarried

( ) Home Phone

( ) Work Phone

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- ❑ Direct Rollover, as allowed by your Plan, from a qualified:
  - ❑ 401(a) Plan
  - ❑ 401(k) Plan
  - ❑ Governmental 457(b) Plan
  - ❑ 403(b) Plan
- ❑ Direct Rollover from a Traditional IRA, as allowed by your Plan (Non-deductible contributions/basis may not be rolled over)

Previous Provider Information:

Company Name | Account Number

Mailing Address

City/State/Zip Code | ( ) Phone Number

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 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.

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 designed 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
- ❑ 457(b) for governmental plans

(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 cost earnings: $_______________

12/31/86 after-tax cost basis: $_______________

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

(6) 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 ________________

Last Name	First Name	M.I.	Social Security Number	Number
				780838-01

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

Investment Option Information - Please refer to your communication 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.

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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

Please Note: For automatic dollar-cost averaging, call Client Service Department or access our Web site.

INVESTMENT OPTION

NAME	TICKER	CODE	%
PIMCO RealPath Blend Income Instl	**PBRNX**	**PBRNX**	_____
PIMCO RealPath Blend 2025 Institutional	**PPZRX**	**PPZRX**	_____
PIMCO RealPath Blend 2030 Institutional	**PBPNX**	**PBPNX**	_____
PIMCO RealPath Blend 2035 Institutional	**PDGZX**	**PDGZX**	_____
PIMCO RealPath Blend 2040 Institutional	**PVPNX**	**PVPNX**	_____
PIMCO RealPath Blend 2045 Institutional	**PVQNX**	**PVQNX**	_____
PIMCO RealPath Blend 2050 Institutional	**PPQZX**	**PPQZX**	_____
PIMCO RealPath Blend 2055 Institutional	**PRQZX**	**PRQZX**	_____
American Beacon Intl Equity R5	**AAIEX**	**AAIEX**	_____
iShares MSCI EAFE International Index K	**BTMKX**	**BTMKX**	_____
MFS International Equity R6	**MIEIX**	**MIEIX**	_____
Vanguard Real Estate Index Admiral	**VGSLX**	**VGSLX**	_____
American Century Small Cap Value R6	**ASVDX**	**ASVDX**	_____
iShares Russell 2000 Small-Cap Index K	**BDBKX**	**BDBKX**	_____

INVESTMENT OPTION

NAME	TICKER	CODE	%
JPMorgan Small Cap Growth R6	**JGSMX**	**JGSMX**	_____
Mid Cap Growth Fund Fee Class R1	**N/A**	**MCFCR1**	_____
MFS Mid Cap Value R6	**MVCKX**	**MVCKX**	_____
Vanguard Mid Cap Index Fund - Admiral	**VIMAX**	**VIMAX**	_____
iShares S&P 500 Index K	**WFSPX**	**WFSPX1**	_____
JPMorgan Equity Income R6	**OIEJX**	**OIEJX**	_____
T. Rowe Price Instl Large Cap Core Gr	**TPLGX**	**TPLGX**	_____
iShares U.S. Aggregate Bond Index K	**WFBIX**	**WFBIX**	_____
BlackRock High Yield Bond Portfolio K	**BRHYX**	**BRHYX**	_____
Metropolitan West Total Return Bond Plan	**MWTSX**	**MWTSX**	_____
PGIM Global Total Return R6	**PGTQX**	**PGTQX**	_____
SAGIC Diversified Bond I	**N/A**	**SGDTQ0**	_____
MUST INDICATE WHOLE PERCENTAGES			**= 100%**

Participation Agreement

Empower Advisory Group, LLC - If I have elected to have my account professionally managed by Empower Advisory Group, LLC and this form is submitted, my election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

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 are in fact eligible for such treatment. I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an investment election on file). If no default investment option is selected by my Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call the Voice Response System at 1-833-569-2433 or access Web site at empowermyretirement.com 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 Direct Rollover form, I understand Service Provider will require the submission of a new form for approval. I understand that this completed form must be received by Service Provider at the address provided on this form.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct 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 direct rollovers.

Investment Options - 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.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to:
Empower Trust Company, LLC

Include the following information on the check:
Participant Name, Social Security Number,
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#: 1-833-569-2433

If sending the "form" only, please follow mailing instructions above. **Funds received will not be invested unless accompanied by a completed Incoming Direct Rollover form. Funds will be invested on the day that both a completed Incoming Direct Rollover form and funds are received prior to market close.** We will not accept hand delivered forms at Express Mail addresses.

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover form, including the Participant Acknowledgements. I affirm that all information provided is true and correct.

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.

I acknowledge and agree that the Plan Administrator for the Previous Employer's plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Direct Rollover form.

Authorized Plan Administrator Signature **Date**

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

For Current Employer's Plan

Print Full Name

Participant forward to Plan Administrator
Plan Administrator forward as shown above in the Payment Instructions section

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., 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.