

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST**

**REQUEST FOR DIRECT ROLLOVER**

Mail the completed application to:

Jama Barbour, Fund Administrator  
Plumbers and Steamfitters Local #33 Pension Fund  
2501 Bell Avenue  
Des Moines, IA 50321-1118

---

---

**Section 1 - Applicant Statement:** *[Fill in all appropriate information]*

Name: *(First, MI, Last)* \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ Daytime Phone  
Number: \_\_\_\_\_  
Spouse Name: \_\_\_\_\_ Spouse Soc. Sec. No. \_\_\_\_\_

**Section 2 - Information for Direct Rollover:**

Name of Eligible Retirement Plan: \_\_\_\_\_  
Name of trustee, custodian or insurer: \_\_\_\_\_  
Address of the trustee, custodian, or insurer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number of trustee, custodian, or insurer: \_\_\_\_\_  
Account Number of Eligible Retirement Plan: \_\_\_\_\_

**Section 3** - I, the undersigned Applicant, acknowledge that I have been given the Special Notice Regarding Plan Distributions and certify the information on this form to be true and complete to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Applicant