

*Western States Office and Professional Employees
Pension Fund*

REQUEST FOR PENSION ENHANCEMENT

I, _____, wish to exercise the enhancement option of the Western States Office & Professional Employees Pension Plan and roll over funds from the following plan:

Rollover Plan Name: _____

Address: _____

Type of Plan: _____

Amount of Rollover: _____

Contact Person: _____

Phone Number: _____

Signature: _____ Date: _____

Social Security Number: _____ Phone Number: _____

Email Address: _____

MINIMUM ROLLOVER FOR THE BENEFIT ENHANCEMENT IS \$10,000.00

YOU CAN ONLY ROLL OVER FUNDS FROM ANOTHER QUALIFIED PENSION, PROFIT SHARING, OR 401(K) PLAN.

Administered by A&I Benefit Plan Administrators, Inc.
1220 SW Morrison St. Suite 300, Portland OR 97205-2222
(503) 222-7694 (800) 413-4928 Fax (503) 228-0149
<http://wsp.aibpa.com>