

**Carpenters Annuity Trust Fund for Northern California
SELF-DIRECTION TRANSFER FORM**

Please complete the following information. (Type or print)

FIRST NAME	M.I.	LAST NAME	PARTICIPANT I.D. NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE

I. TRANSFER ELECTION OF EXISTING BALANCE

I hereby elect to transfer _____%, or \$_____ of my existing account balance from the Trustee-Directed Program to the Self-Directed Program. If the dollar amount specified is more than the balance in the Trustee-Directed Program, 100% of the balance will be transferred. **Any additional transfers from the Trustee-Directed Program will require a new Self-Direction Transfer Form.**

II. TRANSFER ELECTION OF FUTURE EMPLOYER CONTRIBUTIONS

I hereby elect to transfer _____% of my future Employer contributions from the Trustee-Directed Program to the Self-Directed Program. **To change this percentage a new Transfer Form must be submitted.**

III. TIMING OF TRANSFERS

Transfers of existing account balance will be done on a weekly basis. Employer contributions will be transferred on a monthly basis. New contributions will be transferred by approximately the 10th working day of the month following the month in which the contributions were received by the Carpenter Funds Administrative Office.

IV. INVESTMENT ELECTIONS

All transfers will be deposited into the Pensionmark Asset Allocation 2045 until **you have made investment elections through MyLifeNow™**. Once you have made your investment choices through *MyLifeNow™*, all future transfers will be invested in accordance with those elections.

MyLifeNow™ can be reached by phone at 800-294-3575 or on the internet at www.mylife.jhrps.com.

V. SIGNATURE SECTION

Signature _____

Date _____

**RETURN THIS FORM TO
Carpenters Annuity Trust Fund for Northern California,
265 Hegenberger Road, Suite 100 – P.O. Box 2280,
Oakland, CA 94621-0180**
