

**Carpenters Annuity Trust Fund for Northern California
TRUSTEE-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 Self-Directed Program to the Trustee-Directed Program. If the dollar amount specified is more than the balance in the Self-Directed Program, 100% of the balance will be transferred. **Any additional transfers from the Self-Directed Program will require a new Transfer Form.**

II. TRANSFER ELECTION OF FUTURE EMPLOYER CONTRIBUTIONS

I hereby elect to transfer _____% of my future Employer contributions from the Self-Directed Program to the Trustee-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. 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