

WASTE MANAGEMENT INC. RETIREMENT SAVINGS PLAN

Rollover Contribution Form

Please print or type the following information:

Part 1					
Last Name	First	Middle	Social Security Number	Birth Date	
Daytime Phone Number ()	Home Phone Number ()	Home Address		City	State Zip Code

Part 2
<p>I hereby elect to make a rollover contribution to the Waste Management Retirement Savings Plan in the amount of: <div style="text-align: center;">\$ _____</div> <p>As evidenced by the attached documentation, this amount does not exceed the taxable amount which I received within the past 60 days from my former employer's qualified plan or from the conduit IRA to which I rolled over the amount originally received from my former employer's qualified plan.</p> </p>

Part 3		
<p>I hereby direct that this rollover contribution be invested in one or more of the following funds: Investments must be in 1% increments. The total investment must equal 100%.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ % SSgA Age-Based Income Fund _____ % SSgA Age-Based 2010 Fund _____ % SSgA Age-Based 2020 Fund _____ % SSgA Age-Based 2030 Fund _____ % SSgA Age-Based 2040 Fund _____ % Stable Value Fund </td> <td style="width: 50%; border: none;"> _____ % Bond Market Fund _____ % S&P 500 Index Fund _____ % Active Large Cap Equity Fund _____ % Small Cap Equity Fund _____ % International Equity Fund _____ % Waste Management Stock Fund </td> </tr> </table> <p><i>Please Note: If you do not make a fund election, your total rollover contribution deposit will be invested in the <u>Stable Value Fund</u>.</i></p>	_____ % SSgA Age-Based Income Fund _____ % SSgA Age-Based 2010 Fund _____ % SSgA Age-Based 2020 Fund _____ % SSgA Age-Based 2030 Fund _____ % SSgA Age-Based 2040 Fund _____ % Stable Value Fund	_____ % Bond Market Fund _____ % S&P 500 Index Fund _____ % Active Large Cap Equity Fund _____ % Small Cap Equity Fund _____ % International Equity Fund _____ % Waste Management Stock Fund
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Part 4
<p>Please attach a copy of the distribution statement from your prior plan (and, if applicable, a withdrawal statement from my conduit IRA) and a check made payable to: "State Street Bank and Trust Company, for the benefit of (your full name)" for the full amount of the rollover contribution and mail with this completed form to the following address:</p> <p style="text-align: center;">CitiStreet Waste Management Plan Administration P.O. Box 5166 Boston, MA 02206-5166</p> <p>Please call the Waste Management Retirement Savings Plan Information Line at 1-877-WMI-401K if you have questions about this form. Customer Service Representatives are available Monday through Friday, 9a.m. to 8p.m. Eastern Time, except on New York Stock Exchange holidays.</p>

Part 5 TO BE COMPLETED BY PRIOR RECORDKEEPER		
<p>I hereby certify that this distribution from _____ (name of qualified plan or IRA) qualifies as an eligible rollover distribution under IRC section 402(c).</p> <p style="text-align: center;">_____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Authorized Signature and Title </td> <td style="width: 50%; border: none;"> _____ Date </td> </tr> </table>	_____ Authorized Signature and Title	_____ Date
_____ Authorized Signature and Title	_____ Date	