

STEP 2: Rollover Request For Eligible Distributions

STOP Skip section if you do not have a rollover request

Are you using additional pages? Yes No

I am rolling over to: Roth IRA Traditional IRA/Eligible Retirement Plan

Plan Trustee/Administrator Name

Plan Trustee/Administrator Street or Mailing Address

City

State

ZIP Code

Plan Contact Name

Account Number

Percentage or amount of taxable portion to be rolled over to this trustee: % OR \$, .

Percentage or amount of after-tax portion to be rolled over to this trustee: % OR \$, .

Please confirm one of the following rollover alternatives with your trustee:

- My trustee will not accept a rollover directly from OPERS. Send the check to my mailing address provided on this form and I will present it to my trustee.
- My trustee will accept a rollover directly from OPERS. Send the check to the address provided on this form.

STEP 3: Banking Information - Mandatory

Bank Name

Bank Address

City

State

ZIP Code

Plan Contact Name

Type of account: Checking Savings

Bank Routing Number

Bank Account Number

Example Check > Valid routing numbers begin with 0, 1, 2 or 3



STEP 4: Acknowledgment

State of _____, County of _____.

In accordance with Ohio Revised Code Section 145.63, I am applying for a lump sum payment of my additional annuity account.

I acknowledge that, as part of this Application, I have received and reviewed the *Special Tax Notice Regarding OPERS Payments* addressing my payment and direct rollover rights. I acknowledge my right to receive the Special Tax Notice in writing on paper at no charge. I further acknowledge that I have at least 30 days following receipt of the Special Tax Notice to decide whether or not I want a direct rollover of my payment. I also acknowledge that my submission of this Application before the end of the 30 day period constitutes a waiver of my rights to any additional time for consideration of my options and authorizes my payment, or direct rollover, as elected before the expiration of the 30 day period.

Being duly sworn, I, the undersigned, state that the information provided in this Application is complete and true to the best of my knowledge and belief.

Member
Signature _____ Today's Date ____/____/____

Sworn and subscribed to me this _____ day of _____, 20 _____

Notary
Public _____ My commission expires ____/____/____

OR

Payroll Officer
Verification _____ Today's Date ____/____/____