

STEP 3: Rollover Information - Please provide information about your rollover.

Plan Trustee/Administrator Name

Plan Trustee/Administrator Street or Mailing Address

City

State

ZIP Code

Plan Contact Name

Plan Contact Phone Number

Account Number (if applicable)

STEP 4: Rollover Information - Fund Type

Yes No

The financial institution holding the funds you wish to roll over into OPERS may require a Funds Transfer Letter of Acceptance from OPERS. Please indicate if you would like OPERS to send a Letter of Acceptance to you which you must sign and forward to the trustee listed above.

The total amount described on page 1 is an eligible distribution and is being made from (*select one*):

- IRC Section 401(a) or 401(k) qualified employer plan Traditional IRA (IRC Section 408) SIMPLE IRA
- IRC Section 403(a) annuity plan Keogh plan (Section 410) IRC Section 403(b) tax-sheltered annuity program
- IRC Section 457(b) governmental deferred compensation program SEP IRA plan

STEP 5: Acknowledgment

I acknowledge the following:

1. All deposits will purchase shares in the Invesco Stable Value Trust.
2. My Additional Annuity account will be subject to the daily gains and losses of the Invesco Stable Value Trust.
3. Post-tax deposits, excluding rollovers, shall not exceed Internal Revenue Code (IRC) Section 415(c) limitations.
4. My deposits shall not be matched by any amount by my employer.
5. At retirement I may choose to receive either a monthly payment or a lump-sum refund based on the number of Invesco Stable Value Trust shares I own.
6. Upon my application, this account balance can be withdrawn at any time.
7. OPERS does not make any representation as to the current tax status of the amounts being received and I am responsible for any and all tax liability.
8. If this amount is an eligible rollover distribution and, if this rollover is not being made directly from an eligible retirement plan, I am making this rollover to OPERS no later than 60 days after the funds were distributed, or I received a waiver of the 60 day requirement from the Internal Revenue Service.

Member _____ Today's Date ____/____/____
Signature _____
Do not print or type name

FOR OPERS USE ONLY

APPROVED:

DATE:

AMOUNT OF CONTRIBUTION:

