

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. These deposits will become part of my individual OPERS defined contribution account, the value of which cannot be withdrawn until I terminate service and apply for a refund or a retirement benefit.
2. These funds will be invested in the investment options I selected for the ongoing contributions into my individual OPERS defined contribution account and are subject to investment gains and losses.
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. 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.
6. 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
Signature _____

Do not print or type name

Today's Date _____/_____/_____

FOR OPERS USE ONLY

APPROVED:

DATE:

AMOUNT OF CONTRIBUTION:

