

Instructions for Trustee-to-Trustee Transfer to PERS for Purchase(s)

Use this form to fund a purchase of retirement credit with a transfer from a 457 or 403b plan.

Important information: please read

- You are responsible to ensure the trustee-to-trustee transfer and the transfer form is received by PERS during the time period permitted for the purchase.
- You must also submit a signed purchase agreement to PERS and remit the remaining balance of the purchase cost (if any) not covered in the trustee-to-trustee transfer. As with the transfer, the purchase agreement and the remainder of the purchase cost, if any, must be received during the time period permitted for that purchase. The purchase agreement was mailed to you with your benefit estimate.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned.
- Make a copy of all forms for your records.

Section A: Applicant information

- Fill out this section completely.
- If you do not know your PERS number, leave the space provided blank.
- Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS longer to process your form.

Section B: Purchase information

- Enter your effective retirement date.
- Enter the retirement purchases you want to make.
- Enter the total dollar amount to be transferred from your 457 or 403(b) plan.

Section C: Applicant signature

- Sign and date the form.

Section D: Transfer information (to be completed by the financial institution).

- Provide the full name of the institution the transfer is coming from.
- Provide a contact name for the institution as well as the institution's phone number and address.
- Check **either** the IRC 457 or IRC 403b check box.
- Enter the account name and number.
- Confirm the funds being transferred are from a qualified plan and are pre-tax, after-tax, or a combination of pre- and after-tax dollars (put in amounts if the funds are a combination of pre- and after-tax dollars).
- Sign and date the form.

Notes

- Missing information in Section D may cause the transfer to be rejected.
- Your financial institution may require you to complete additional form(s).
- If your transfer is coming from Oregon Savings Growth Plan (OSGP), you must also complete OSGP's forms. OSGP must also complete section D on this form.

You are responsible to ensure the trustee-to-trustee transfer is received by PERS during the time period permitted for the purchase.



Trustee-to-Trustee Transfer to PERS for Purchase(s) form

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	PERS number
Mailing address (street or PO box)			Social Security number*
City	State	Zip	Country
Date of birth (mm-dd-yyyy)			
Day phone number	Evening phone number		Email (optional)

Section B: Purchase information

Effective retirement date _____
 (mm-yyyy)

Retirement purchases to be made _____

Dollar amount to be transferred \$ _____

You must also submit a signed purchase agreement to PERS and remit the remaining balance of the purchase cost (if any) not covered in the Trustee-to-Trustee Transfer.

Section C: Applicant signature



 Signature (do not print)

 Print name

 Date

You are responsible to ensure the transfer is received by PERS during the time period permitted for the purchase(s).

Section D: Transfer information (to be completed by the financial institution)

Institution name	
Contact person	Contact person's phone number
Mailing address	

Account type: IRC 457 IRC 403b

Account name: _____ Account number: _____

As the authorized representative, agent, custodian, trustee, or plan administrator for an eligible 457 or 403(b) plan, I certify the funds being transferred to PERS are from a qualifying 457 or 403(b) plan.

I confirm the funds being transferred to PERS are:

- Pre-tax dollars
 - After-tax dollars
 - A combination of pre-tax and after-tax dollars.
- How much of the total amount is pre-tax dollars: \$ _____
- How much of the total amount is after-tax dollars: \$ _____

Make check payable to Oregon PERS

Mail check to:
 PERS
 PO Box 2127
 Portland OR 97208-2127



 Authorized signature (do not print)

 Print name

 Date

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by phoning 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.