



## One-Time Variable Transfer: Active or Inactive Members

This form is only for the Tier One/Tier Two Program. Call PERS or visit our website if this is not the form you need.

### Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS number (optional)
City	State	Zip code	Country
Date of birth (mm-dd-yy)			
Home phone number	Work phone number	Cell phone number	Email

### Section B: One-Time Variable Transfer Election

An active or inactive member can transfer all funds out of the variable account into the regular account at any time before retirement if age and eligibility requirements are met (requirements are shown below). The transfer becomes effective January 1 following the year in which PERS receives your request.

Age and eligibility requirements:

- the member is classified as a police officer or firefighter and has attained age 45 on or before December 31 of the year the transfer request is submitted.
- the member is classified as other than a police officer or firefighter and has attained age 50 on or before December 31 of the year the transfer request is submitted, or
- the member has a combined total of 25 years or more of creditable service, which may include prior service credit, on or before December 31 of the year the transfer request is submitted.

This election is irrevocable. A member who elects to make this transfer no longer participates in the variable account and will not receive a variable annuity at retirement.

By signing this form, effective January 1 **after PERS receives this election**, PERS will transfer my total variable account balance to my regular account. I understand that this election is irrevocable. **I further understand that I must meet the eligibility requirements described above.**

**Please copy this form for your records before returning it to PERS.**

<b>Office use only</b>		
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee	
<input type="checkbox"/> Cross reference member SSN		

Member signature (do not print)

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 may 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 may request help by calling toll free 888-320-7377 or TTY 503-603-7766.