

Alternate Payee Tier One/Tier Two Benefit Application

General information

- Only fill out this application if you are an alternate payee (AP) of a Tier One/Tier Two member who received one of the following: (1) A Separate Account award from a Tier One/Tier Two member's account, (2) a Separate Benefit award from a Tier One/Tier Two member's benefit, or (3) a Reduction award from a Tier One/Tier Two member's benefit and you are electing the Separate Benefit payment option. Note: you are only eligible to retire as an AP of a Tier One/Tier Two member if that member (i.e., former spouse) is eligible to retire.
- Your application is not effective until PERS accepts it. PERS will mail or email you a letter confirming receipt of your application and may request additional items required for application acceptance.
- Please keep a copy for your records.
- You can expect to receive your first payment 30 to 90 days after your effective benefit date. If your payment is delayed, you will receive a retroactive payment.
- PERS highly recommends you sign up for direct deposit. With direct deposit, your monthly benefits are automatically deposited into your checking or savings account. This will ensure your payment will be deposited on the first working day of the month. It also helps prevent lost or stolen checks.
- If you move after submitting your benefit application, use [PERS' Information Change Request](#) form to update your address.
- Option changes must be made within 60 days of the date of the first benefit payment.
- If there is any support or IRS lien affecting your account, appropriate deductions will be made.
- If you are a PERS Tier One/Tier Two or OPSRP Pension Program member in your own right, you must complete a separate application to draw **that** benefit.

Forms and documents normally needed to receive benefits

- Alternate Payee Tier One/Tier Two Benefit Application.
- Verification of your age.
- Verification of your associated member's age is also required if it is not already on file with PERS.
- Verification of legal name change if your current name differs from your name in the divorce decree (marriage certificate, court document, etc.).
- [Authorization Agreement for Automatic Deposit](#) form.
- [W-4P form for federal and state tax withholding](#) if you select a monthly benefit (Option 1, Refund Annuity, 15-Year Certain, or Lump-Sum Option 1).
- [W-4R Tier One/Tier Two Lump Sum Withholding](#) form if you select a lump benefit (Total Lump-Sum or Lump-Sum Option 1).
- [Tier One/Tier Two Direct Transfer Rollover Acceptance](#) form if you select a lump benefit and elect to roll all or a portion of your benefit to another deferred compensation or employer plan.

Instructions

- Type or print clearly in dark ink. Illegible or incomplete forms may be returned, which could delay your request.
- Do not change anything on the form; alterations may void the form.
- Print your name and social security number at the top of each page of the application where requested and on any documents submitted with your application.
- Submit your completed application, and any accompanying forms and required documents to PERS by personal delivery, fax, or mail.

Verification of Age or Identity

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or **are difficult to read**. If we cannot accept your documents, you will need to submit new photocopies. Please include your PERS ID or Social Security number* on all documents submitted, including beneficiary documents.

<p>Group 1 If one item in this group is furnished showing birth dates, no further evidence of age is needed.</p> <p>Any ONE of these:</p> <ul style="list-style-type: none"> • Copy of Oregon driver's license or ID card if issued on or after February 4, 2008 (current or expired) • Copy of REAL ID driver's license, driver's permit, or ID card issued by any state** (current or expired) • Copy of any other state's driver's license or ID card. (must be current) • Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation in English certified by a notary public, public agency, or other public official) • American Indian Reservation Age Verification • Infant baptism certificate • Hospital birth certificate (if signed by attending physician or issued by state) • Passport (current or expired) • School-age record • Naturalization or citizenship papers • Family Bible record <p>If this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; and when birth date was entered and by whom.</p>	<p>Group 2 Two items in this group from different sources are sufficient if age or birth date is shown.</p> <p>Any TWO of these:</p> <p>Example: One child's birth certificate and one military ID</p> <ul style="list-style-type: none"> • A notarized affidavit by an older, immediate family member who is in a position to know the birth date (e.g., father or mother) • Certificate of military record • Marriage record (record must show your age or date of birth at time of marriage) • County voter registration (must show your age or date of birth; do not send your precinct card) • Copy of child's birth certificate if it shows age of parents • Social Security record (record must be displayed on an estimate of benefits or screen print from the Social Security office; document must be dated within last 12 months) • Military ID (military record DD214) • Concealed weapons permit
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- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- We cannot return your documents, so do not send originals. If it is illegal to copy a document, bring it to a PERS office, and PERS will verify the birth information.
- Include the member's Social Security number or PERS ID on all documents so they are properly recorded.
- Mail, fax, or deliver your documents to PERS.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.

**A compliant REAL ID will have a picture of a star, or a star cutout in the upper right-hand corner of the card. In lieu of REAL IDs, some states have "enhanced" driver's licenses, driver's permits, or ID cards. Enhanced cards are REAL ID compliant and bear an American flag emblem and the word "enhanced" on the front.

Reference: OAR 459-013-0040

FS 459-029 (6/17/2025)

Section A: Applicant information

Fill in this section completely.

Provide your Social Security number (SSN) and your PERS ID. If you do not know your PERS ID, leave the PERS ID box blank; however, providing your SSN is mandatory. Your application will be delayed if SSN is missing.

Enter your date of birth in the area provided. You must also present document(s) to verify your age. You will find a list of acceptable verification of age documents on page 2 of these instructions.

Provide your personal email address. Confirmation and follow up letters are sent via email whenever possible.

PERS must know your citizenship for tax purposes. Check the appropriate box.

- Check I am a U.S. citizen or resident noncitizen if you are a U.S. citizen or a resident noncitizen.
 - If you are a United States citizen living outside of the United States, you will be required to complete form [W-9](#) and are not allowed to claim exempt from United States federal income tax withholding. The [W-9](#) is available in the Forms section of the PERS website.
- Check **I am a nonresident noncitizen** if you are a nonresident noncitizen, and complete IRS form [W-8BEN: Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding](#). This form is available in the forms section of the PERS website.

Section B: Effective benefit date

Fill in the month and year requested for your effective benefit date. Your Alternate Payee benefit effective date will be the later of:

- The first of the month following the month in which your application is received by PERS
- The first of the month your former spouse is eligible to retire
- The date you provide in this section

Section C: Former spouse information

Complete with the full name and Social Security number of your former spouse and date of divorce.

Section D: Verification of age

Check the box to indicate you are submitting your age documentation with your application.

Verification of age for your former spouse is required before any benefits can be paid. If you are able to submit age documentation for your former spouse, check the box. If you are unable to provide your former spouse's age verification, PERS will attempt to obtain the documentation on your behalf however, ultimately, it is your responsibility.

You will find a list of acceptable verification of age documents on page 2 of these instructions. Illegible verification of age documents routinely delay benefits. Please provide legible documentation.

Section E: Residency and declaration signature

Check the appropriate box to indicate whether you are an Oregon resident and subject to Oregon personal income tax or not. You may be eligible for an additional benefit called "Tax Remedy". Your eligibility for this benefit can be tied to both your former spouse's eligibility for this benefit and your residency. When calculating your benefit PERS will determine if you are eligible to receive the Tax Remedy benefit. PERS may not use your mailing address to determine residency.

Sign in the Applicant signature field.

Section F: Benefit options

Check one box in Section F to indicate your benefit option selection. If your court order restricts your option selection, please select an option in compliance with your court order.

- **Option 1** (no beneficiary) This is a 'single-life benefit. Monthly benefits are paid to you for your lifetime. No benefit of any kind is payable to anyone after you die. This is the highest monthly payment of all options.

- **Refund Annuity** (beneficiary need not be a person) This benefit is paid for your lifetime. Your account balance at retirement will be reduced each month by the amount of the annuity portion of your monthly benefit. When you die, your designated beneficiary will receive a lump-sum refund of any balance remaining in your account at the date of your death. Under this option, you may name more than one beneficiary and can change your beneficiary at any time.
- **15-year Certain** (beneficiary need not be a person) This benefit is paid for your lifetime. If you die before receiving 180 monthly payments (15 years), your beneficiary(s) is entitled to receive the remainder of the 180 payments. If you have received at least 180 payments when you die, no benefit is payable to your beneficiary(s). You may change your beneficiary at any time.
- **Total Lump-Sum:** This option provides a refund of your awarded share of the member's account balance and their matching employer dollars, if awarded. You will not receive a monthly benefit if you select this option.
- **Lump-Sum Option 1:** This option provides a refund of your awarded share of the member's account balance at retirement plus a monthly pension from employer contributions. The monthly pension is a straight-life benefit and is paid to you for your life. No monthly benefit is payable to anyone after you die. This option is only available if you were awarded a separate account with employer matching dollars or received a reduction award that is being converted to a separate benefit.

Total Lump-Sum and Lump-Sum Option 1: You have the right to elect 100% payment or to receive the lump-sum or total lump-sum in one to five annual installments. If you elect to receive yearly installments, the additional installments will be due on the anniversary date of your first lump-sum payment. If you elect to receive your account balance in installments and die before all installments are paid, the remaining installments will be paid in one lump sum to your beneficiary(s).

Section G: Acknowledgment of Receipt of Federal Tax Information Disclosure

The IRS requires PERS to notify you of the tax consequences of taking a distribution by providing the [Federal Tax Information Disclosure](#).

Sign in Section H to acknowledge that you have received and read the [Federal Tax Information Disclosure](#).

You have 30 days to review your distribution options and the associated tax consequences. PERS will not process your distribution until the 30-day period has passed, unless you check the optional box to waive your right to this 30-day period. If you check the waiver box, PERS will process your distribution as soon as possible.

If PERS is unable to process your distribution within 180 days from the application signature date, the IRS requires us to provide the [Federal Tax Information Disclosure](#) again, and you will need to complete a new [Acknowledgement of Receipt of Federal Tax Information Disclosure](#) form. We will contact you if this happens.

Section H: Applicant notarized signature

Do not complete any part of this section until you are with the notary. Any corrections, alterations, or omissions in this section may require a new application be submitted which could cause a delay processing your benefits.

Your signature and date must be notarized.

Your signature date and the notary's signature date must be the same date.

Notary stamp must be legible

As of your effective benefit date, your former spouse will be irrevocably released from any Tier One/Tier Two beneficiary or retirement option restrictions provided in your court order.

The benefit you receive will be based on your former spouse's Tier One/Tier Two program eligibility.

Section I: Beneficiary for Tier One/Tier Two AP benefit

Please complete Section I regardless of the option you select in Section F. If you select Option 1 or Refund Annuity and die on or after your effective benefit date, but before your first payment is due, your death is considered a pre-retirement death. In this event, PERS will use the beneficiary on this application as your pre-retirement designation.

Check the appropriate box to use the standard beneficiary designation or to name specific beneficiaries.

If you choose the standard designation, **do not** name any specific person. Instead, your beneficiary selection follows the order described in law.

Section I: Beneficiary for Tier One/Tier Two AP benefit (continued)

The Standard designation directs PERS to pay benefits in the order listed below:

- 1) Your spouse, if legally married at the time of death. If not married, then to
- 2) Your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at the time of your death. If all of your children predecease you, the benefit will be awarded to your grandchildren living at the time of your death, in equal shares. If no children or grandchildren survive you, then to
- 3) Your mother and father in equal shares, or to the survivor. If neither survives you, then to
- 4) Your brothers and sisters in equal shares, and the share of any brother or sister who does not survive you, to their children living at the time of your death in equal shares. If none of your brothers or sisters survive you, to the children of your brothers and sisters living at the time of your death in equal shares. If neither your siblings nor their children survive you, then to
- 5) Your estate

*Natural born and adopted children are considered “children” even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your “children” under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

The Specific designation allows you to name specific persons, charities, trusts or your estate.

Providing requested information assists in locating your beneficiary.

If you need to add more beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional sheet.

- The percentages assigned to primary beneficiaries must total 100%.
- If you do not assign percentages, the beneficiaries on that level (primaries or alternates under each specific primary) will share equally.
- You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary’s share if the primary beneficiary predeceases you. Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary. (E.g., if you designate 50% to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50%.)
- If you name your estate as a beneficiary, you may not provide an alternate beneficiary for your estate.

Example for naming specific beneficiaries:

Specific Primary beneficiary #1		If living; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name <i>Jane Smith</i>	Social Security # <i>111-11-1111</i>	Date of birth <i>6/15/1982</i>	Phone <i>503-555-1212</i>	Percentage <i>100%</i>
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>janesmith@gmail.com</i>		Relationship <i>Daughter</i>	
Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1					
#1a	Full name <i>Mary Brown</i>	Social Security # <i>110-10-1000</i>	Date of birth <i>8/25/1956</i>	Phone <i>808-623-4111</i>	Percentage <i>60%</i>
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship <i>Sister</i>	
#1b	Full name <i>Animals Win</i>	Social Security #	Date of birth	Phone <i>888-555-1111</i>	Percentage <i>40%</i>
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Dalmatian Dr., Portland, OR</i>		Relationship	

The percentages of #1a and #1b alternate beneficiaries add to the #1 primary’s percentage. (60+40 = 100)

You must sign and date Section I. The beneficiary designation is not valid unless signed and could delay processing your benefits. Your signature is required for both the Standard and Specific designations.

Section J: Tier One/Tier Two lump-sum distribution installments

Only complete this section if you selected a lump-sum option in Section F. (Box 4 Total Lump-Sum or Box 5 Lump-Sum Option 1)

Indicate whether you want to receive your lump-sum balance in one, two, three, four, or five annual installments, and then enter the amounts that correspond with the number of years you want to receive the balance.

You must allocate the percentages for each payment of your lump-sum balance.

Percentages **do not** have to be the same. For example, you can choose 50% the first year, 25% the next year, 15% the following year, and 10% the fourth year. How much you receive each year is up to you. The minimum installment is 1%. Make sure the figures you enter are whole numbers and total 100%. If they do not, we will return your application to you. This could delay your benefit.

Section K: Tier One/Tier Two lump-sum payment distribution

Only complete this section out if you selected a lump-sum option in Section F. (Box 4 Total Lump-Sum or Box 5 Lump-Sum Option 1)

Indicate whether or not to roll over any portion of your lump-sum distribution into a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.

Check box 1 **if you want your lump-sum distribution to go directly to you.** Please fill out the [Direct Deposit](#) form to have your distribution deposited into your bank account. You will be taxed on your distribution, complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form.

OR

Check box 2 **to roll over your lump-sum distribution.**

Fill in the information in 2a to indicate the specific percentage or dollar amount to be rolled over. If you roll over less than 100% of your benefit complete the [W-4R Tier One/Tier Two Lump Sum Withholding](#) form.

Fill in the information in 2b and 2c.

- Check one of the boxes under 2b to indicate whether the installments will be going to the Oregon Savings Growth Plan (OSGP), a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.
- In box 2c:
 - o Provide the name and contact information of your financial institution or employer plan for your rollover payment.
 - o The rollover check will be made payable to the institution or plan you provide in this box, if you are uncertain to whom the check should be payable, please consult with your financial institution/employer plan prior to completing this section.
 - o Verify the address you provide is correct. The rollover payment will be mailed directly to this address.
 - o **It is very important to provide your rollover account number for your funds to be correctly deposited to your account. Contact your financial institution for your account number.** If your financial institution is unable to provide you an account number, complete this field with the last four digits of your social security number.

Note: If you are rolling over funds to another deferred compensation or employer plan other than OSGP, **you must have an authorized representative of the plan complete the** [Tier One/Tier Two Direct Transfer Rollover Acceptance](#) form.

You must be a current OSGP participant to roll over your installment(s) to OSGP.

Alternate Payee Tier One/Tier Two Benefit Application

Section A: Applicant information

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)			Social Security number (Required)*
City	State	Zip code	Country
Home phone number	Work phone number	Cell phone number	Personal email
Checking one box is required : <input type="checkbox"/> I am a U.S. citizen or resident noncitizen. <input type="checkbox"/> I am a nonresident noncitizen and have included a completed W-8BEN form with my application.			

Section B: Effective benefit date

I understand my benefit is effective the later of the first of the month following the month in which my application is received, the first of the month in which my former spouse is eligible to retire, or the date entered below. **My requested effective benefit date is:**

1st day of month	Year
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Section C: Former spouse information

First name	MI	Last name	Social Security number**
Effective date of divorce/annulment/separation			Date of decree amendments (if any)

Section D: Verification of Age (Required) – see instructions for acceptable documentation

- ☐ I am submitting acceptable **verification of age to PERS** with my benefit application to verify my date of birth.
☐ I am also submitting acceptable **verification of age to PERS** to verify my former spouse's date of birth.

Section E: Residency (Required for Tax Remedy benefit)

Select one:

- ☐ I am a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will be** subject to Oregon personal income tax.
☐ I am **not** a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will not be** subject to Oregon personal income tax.

I hereby declare that the above statement is true to the best of my knowledge and belief, and I understand it is subject to penalty for perjury

Applicant's signature (Required for Section E - Residency) ▶	Date
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*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.

**Providing your former spouse's Social Security number (SSN) is voluntary. If you choose not to supply your former spouse's 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.

First name (required)	MI	Last name (required)	Social Security number (required)
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NO ALTERATIONS OR CORRECTIONS ARE ALLOWED ON THIS PAGE

Section F: Benefit options (Required – Select only ONE of the 5 options below)

**If your court order restricts your option selection, please select an option in compliance with your court order.
Failure to do so may delay your benefits.**

1. ☐ Option 1
2. ☐ Refund Annuity
3. ☐ 15-Year Certain
4. ☐ Total Lump-Sum
5. ☐ Lump-Sum Option 1

This option is only available if:
You were awarded a separate account with employer matching dollars
or
You received a reduction award that is being converted to a separate benefit.

Section G: Acknowledgment of Receipt of Federal Tax Information Disclosure

By signing in Section H, I acknowledge that I have received and read the [Federal Tax Information Disclosure](#).

☐ I waive my right to the 30-day period for reviewing the Federal Tax Information Disclosure. (optional)

Section H: Applicant notarized signature (Required)

Alterations or corrections are not allowed in this section and may delay your benefits.
Do not complete any portion of this section until you are with the notary.

- By my notarized signature below, I acknowledge that the information I have provided is correct.
- I understand that any benefit I receive will be based on the eligibility of my former spouse.
- I understand, as of my effective benefit date, my former spouse will be irrevocably released from any Tier One/Tier Two beneficiary or retirement option restrictions provided in my court order.

Applicant's signature	Date
Notary Public	
State of	County of
Applicant's name	
Signed before me on this date	
By (notary's signature)	

First name (required)	MI	Last name (required)	Social Security number (required)
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Section I: Beneficiary for Tier One/Tier Two AP benefit

Some benefit options in Section F may not provide death benefits to a beneficiary after payments have begun however, **we request that you complete Section I regardless of benefit option selected in Section F.**

Select only one Standard or Specific:

☐ **STANDARD** - I elect to use the **Standard** beneficiary designation. **Do not complete table below.**

☐ **SPECIFIC** - I elect to use the **Specific** beneficiary designation. **Complete the table below.**

Specific Primary beneficiary #1		If living; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

Alternate beneficiary(ies) for Primary #1		Alternate percentages must equal percentage assigned to primary #1			
#1a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#1b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

Specific Primary beneficiary #2		If living; otherwise, to #2 alternate beneficiary(ies).			
#2	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

Alternate beneficiary(ies) for Primary #2		Alternate percentages must equal percentage assigned to primary #2			
#2a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#2b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

☐ Check this box if you want PERS to apply the following: If any of the named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at my death.

I understand this beneficiary designation becomes effective on my effective benefit date. (See instructions for details.)

Applicant's signature (Required for Section I - Beneficiary Designation)	Date
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First name (required)	MI	Last name (required)	Social Security number (required)
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Section J: Tier One/Tier Two lump-sum distribution installments

This Section is not for all APs

ONLY complete this section if you chose a **lump-sum option**
(Box 4 or 5 in Section F)

Lump-Sum Option 1, or Total Lump-Sum

You can receive your lump-sum in one, two, three, four, or five annual payments. Check the appropriate box below to indicate how many installments you want to receive, and then enter the percentage you want for each installment. The minimum installment is 1%. The total must equal 100%. (Select only one.)

<input type="checkbox"/> 100%	<input type="checkbox"/> Two installments:	<input type="checkbox"/> Three installments:	<input type="checkbox"/> Four installments:	<input type="checkbox"/> Five installments:
1st <input type="text"/> <input type="text"/> %	1st <input type="text"/> <input type="text"/> %	1st <input type="text"/> <input type="text"/> %	1st <input type="text"/> <input type="text"/> %	1st <input type="text"/> <input type="text"/> %
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Section K: Tier One/Tier Two lump-sum payment distribution

This Section is not for all APs

ONLY complete this section if you chose a **lump-sum option**
(Box 4 or 5 in Section F)

Lump-Sum Option 1, or Total Lump-Sum

- ☐ Do not roll over. Send distribution(s) directly to me, or [direct deposit](#) to my bank account.
- ☐ Roll over my distribution(s).

Subsections 2a, 2b, and 2c must be completed. Complete one line only under each 2a and 2b.

2a. Roll over _____ % of my distribution, **or**
Roll over \$ _____ of my distribution.

2b. Roll to: ☐ Traditional IRA.
☐ Roth IRA.
☐ Oregon Savings Growth Plan (OSGP).

You must be a current OSGP participant to roll over your installment(s) to OSGP.

☐ Another deferred compensation or employer plan.

You must have an **authorized representative of the plan complete** the [Tier One/Tier Two Direct Transfer Rollover Acceptance](#) form and submit it with your application if you check this box.

2c. Provide all requested information for your financial institution or employer plan for your rollover below.

Rollover check will be made payable to (financial institution or employer plan name):			
Address	City	State	Zip code
Account number (Required. See instructions)	Contact person	Phone number	

Note: Rollover checks will be made payable based on the information you provide above and mailed directly to the financial institution/employer plan. Please verify complete, clear, accurate information is provided.