CalPERS
P.O. Box 942704
Sacramento, CA 94229-2704
Telecommunications Device for the Deaf - (916) 326-3240
1-800-352-2238, FAX (916) 558-4019

ROLLOVER REQUEST/CERTIFICATION FORM

THIS SECTION IS TO BE COMPLETED BY THE MEMBER

Member Name: _____ Social Security Number: _____

Address/City/State: _____Zip: _____

Telephone Number: (_____) _____WORK (_____) _____ HOME

FOR AN ACCOUNT TRANSFER FROM YOUR CALPERS SUPPLEMENTAL CONTRIBUTION PROGRAM, SEE REVERSE.

FOR ROLLOVERS COMPLETE THIS SECTION

California Public Employees' Retirement System (CalPERS) is a tax qualified defined benefit plan and may accept rollovers from qualified 401(a) and 401(k) plans or from a Conduit IRA for the purchase of service credit.

I choose to rollover $_____ to CalPERS.

I understand that CalPERS will rely on the information contained on this Rollover Request/Certification Form in approving this rollover. **I certify that I have read the attached ROLLOVERS (MSD-260) information form.**

Signature_____ Date_____

THIS SECTION IS TO BE COMPLETED BY THE PLAN ADMINISTRATOR OR TRUSTEE

I certify the funds being rolled over are from a:

☐ 401(a) Plan ☐ 401(k) Plan ☐ An IRA which originated from a 401(a) or 401(k) plan

I certify these funds are an eligible rollover distribution as defined by the Internal Revenue Service Code and are not after tax "contributions" or in the case of an IRA, have not been commingled with funds originating from a plan other than a tax qualified plan.

☐ I certify that I am the Plan Administrator ☐ I certify that I am the IRA Trustee
☐ I certify that I am the Qualified Plan Trustee

Signature: _____ **Title:** _____ **Date:** _____
Print Name: _____ **Telephone Number:** (_____) _____
Institution Name: _____
Institution Address: _____

_____ Attached is a check in the amount of $_____ as a rollover distribution.
_____ A check in the amount of $ _____ will be sent under separate cover

ACCOUNT TRANSFER OF CALPERS SUPPLEMENTAL CONTRIBUTIONS PROGRAM

TO BE COMPLETED BY THE PARTICIPANT

Member Name:_____

Social Security Number: _____

Address: _____

City/State _____ Zip: _____

Telephone Number: (_____) _____ WORK (_____) _____ HOME

Funds in the CalPERS Supplemental Contributions Program (SCP) is eligible for account transfer towards the purchase of service credit.

I choose to transfer $_____of my SCP account to pay in full or reduce the balance due towards the purchase of the PAST STATE SECOND TIER SERVICE CONVERSION.

The transfer amount may not be greater than the cost of your PAST STATE SECOND TIER SERVICE CONVERSION.

Signature _____ **Date**_____