



**California Public Employees' Retirement System**

**ROLLOVER CERTIFICATION FORM**

This Rollover Certification Form must be completed to enable the California Public Employees' Retirement System (CalPERS) to accept a rollover or in-service plan-to-plan transfer for the purchase of service credit. A **Rollover Certification Form** must be completed for each plan or financial institution from which you elect to rollover or transfer funds. Please complete the appropriate section(s) on page 1 of the form and have your plan administrator or financial institution complete page 2. Upon completion submit your **Election to Purchase Service Credit Form, Rollover Certification Form** and rollover check to CalPERS. Please refer to the Rollover Certification Process Flowchart, available at [www.calpers.ca.gov](http://www.calpers.ca.gov), for an overview of the plan-to-plan transfer or rollover process.

CalPERS is a tax-qualified, defined benefit plan under Section 401(a) of the Internal Revenue Code (Code). CalPERS accepts rollovers and plan-to-plan transfers of tax-deferred funds from the following eligible retirement plans: (i) 401(a) defined contribution plans and 401(a) defined benefit plans, including profit-sharing, stock bonus, and money purchase pension plans; (ii) 401(k) plans; (iii) 403(a) annuity plans; (iv) 403(b) tax-sheltered annuities; (v) governmental 457 plans; and (vi) traditional IRAs, as described in Code Section 408(a) or (b), which includes conduit and contributory IRAs (excluding Roth IRAs). The amount of a rollover or plan-to-plan transfer may not exceed the amount due for the purchase of service credit. A rollover or plan-to-plan transfer may not include after-tax amounts, such as Roth contributions.

**THIS SECTION TO BE COMPLETED BY THE CalPERS MEMBER:**

Member Name: \_\_\_\_\_ CalPERS ID: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I elect to transfer \$ \_\_\_\_\_ to CalPERS from the eligible retirement plan identified on page 2 of this form (the "Eligible Retirement Plan").

**I certify, under penalty of perjury, that to the best of my knowledge and belief the following statements are true and correct:**

- The entire amount of this rollover contribution or transfer is tax deferred, does not include any after-tax amounts, such as Roth contributions, is not a required minimum distribution and is not a hardship distribution.
- I understand that these tax deferred funds will be taxed upon distribution as a refund or as retirement payments.
- I understand that the information provided in this form will be used to determine whether CalPERS can accept the requested rollover or transfer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY MEMBERS WITH AN INDIRECT ROLLOVER**

An indirect rollover occurs when your plan administrator or financial institution writes you a check, you cash the check, and you then transfer funds to CalPERS (e.g. checking account, money order and cashier's check).

**If my rollover is being processed as an indirect rollover, I certify, under penalty of perjury, that to the best of my knowledge and belief the following statements are true and correct.**

- I am entitled to this distribution as the sole account owner.
- I did not receive this distribution as a beneficiary.
- The distribution from the Eligible Retirement Plan is not one of a series of periodic payments.

I understand that I must provide CalPERS with the funds distributed from the eligible retirement plan not more than 60 days after the date they were distributed to me.

I understand that CalPERS cannot accept an indirect rollover without proper documentation regarding source of funds and date of distribution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**California Public Employees' Retirement System**

Member Name: \_\_\_\_\_ CalPERS ID: \_\_\_\_\_

**THIS PAGE TO BE COMPLETED BY THE PLAN ADMINISTRATOR OR FINANCIAL INSTITUTION**  
**(CalPERS is not the plan administrator or financial institution)**

**PLEASE COMPLETE SECTIONS A, B AND C**

**A. PROVIDE DISTRIBUTION AMOUNT AND SELECT DISTRIBUTION METHOD:**

A payment for \$ \_\_\_\_\_ (the "Funds") is being distributed as a:

- In-Service, Plan-to-Plan Transfer
- Direct Rollover
- Indirect Rollover

**B. SELECT RETIREMENT PLAN TYPE:**

I certify that the Funds are from the type of eligible retirement plan selected below and that the plan is maintained under the participant's taxpayer identification number.

- 401(a) Defined Contribution Plan (Type \_\_\_\_\_)     401(a) Defined Benefit Plan     401(k) Plan
- 403(a) Annuity Plan     403(b) Tax-Sheltered Annuity Plan     Governmental 457 Plan
- Traditional/Contributory IRA
- Conduit IRA

**C. PLAN ADMINISTRATOR OR FINANCIAL INSTITUTION REPRESENTATIVE CERTIFICATION:**

I certify that I am the plan administrator (or authorized representative) or, with respect to an IRA, an authorized representative of the financial institution identified below, and that the plan identified above is an eligible retirement plan as defined by Internal Revenue Code Section 402(c)(8)(B) (e.g., a 401(a) plan, 403(a) plan, 403(b) plan, governmental 457(b) plan, or IRA under Section 408 (a) or (b)), the Funds are eligible for rollover or transfer, the Funds only include tax deferred contributions, and have not been commingled with funds originating from a plan other than an eligible retirement plan listed above.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Institution/Plan Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_  
 Institution/Plan Address: \_\_\_\_\_

**ADDITIONAL INFORMATION**

If you have any questions regarding the CalPERS rollover process, please contact us at **888 CalPERS** (or **888-225-7377**) or refer to the Rollover Certification Process Flowchart available at [www.calpers.ca.gov](http://www.calpers.ca.gov).