



California Public Employees' Retirement System
P.O. Box 942715 Sacramento, CA 94229-2715

888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4019
www.calpers.ca.gov

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. Once you have made your election online through your myCalPERS account, submit both pages of your **Rollover Certification Form** and rollover check(s) to CalPERS. Please refer to the Rollover Certification Process Flowchart, available at 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.

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: _____

MEMBERS USING AN INDIRECT ROLLOVER MUST COMPLETE THIS SECTION

An **indirect rollover** occurs when your plan administrator or financial institution issues a check payable to you, you cash the check, and you then transfer the funds to CalPERS (e.g., personal check, money order or 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: _____



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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: _____

Institution/Plan Name: _____

Institution Tax ID Number (XX-XXXXXXX): _____

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), send a secure message through myCalPERS, or refer to the Rollover Flowchart available at www.calpers.ca.gov.

CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our [Privacy Policy](#), or your rights, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or 888-225-7377).