



ROLLOVER REQUEST—DEFINED BENEFIT PLAN FORM



INFORMATION ABOUT THE *ROLLOVER REQUEST—DEFINED BENEFIT PLAN FORM*

To do a rollover of your PERAPlus 401(k)/457 Plan accounts or PERA DC Plan account, call 1-800-759-7372 and select the PERAPlus/DC option.

COMPLETING THE *ROLLOVER REQUEST—DEFINED BENEFIT PLAN FORM*

- » Use the *Rollover Request—Defined Benefit Plan* form to do a rollover of all or a portion of your PERA benefit structure and/or DPS benefit structure DB Plan account(s).
- » If you would like to refund all of your DB Plan account(s) to yourself, complete the *Refund Request—Defined Benefit Plan* form on pages 19–21.
- » You must submit a *Rollover Request—Defined Benefit Plan* form to PERA with an original signature and notarization; a photocopy or faxed form will not be accepted. Side 2 of this form may be photocopied if you have more than one employer to certify termination of employment or if you have more than one financial institution that requires certification.
- » Your signature must be notarized in the Notary Public section on page 13.
- » If you are refunding any portion of your DB Plan account(s) and would like to have PERA withhold an additional federal tax amount (20 percent of the refunded amount is automatically withheld), call the PERA Customer Service Center for additional information.
- » If your address is outside of the United States, see “If You Are a Nonresident Alien” on page 9 for information about income taxes that may be withheld from any portion you do not roll over.

PROCESSING TIME FOR THE *ROLLOVER REQUEST—DEFINED BENEFIT PLAN FORM*

- » Generally, your check(s) will be issued within 90 days of receiving a *Rollover Request—Defined Benefit Plan* form as long as the form is complete.
- » Incomplete forms will require PERA to request additional information from you to process your rollover/refund; if you do not respond to our requests for additional information, your rollover/refund will be canceled.
- » The issue date of your check(s) depends on (1) the date PERA receives your *Request* form; (2) the certified date of termination; (3) the end of the month in which you were last on the payroll report; and (4) the date PERA receives any required supplementary documentation.
- » Your check(s) will be mailed to the address you provide on your *Request* form. Any portion that is being rolled over will be sent to the IRA or eligible employer plan.



Rollover Request—Defined Benefit Plan

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • www.copera.org



Member SSN

See instructions for completing this form to the left on page 12.

Member Information

Name must be the same as the name on your Social Security card

Name _____
Last First MI
Address _____
Street City State ZIP Code
Daytime Telephone () Birthdate _____

Rollover

I understand that my choices below will affect both my PERA benefit structure and DPS benefit structure Defined Benefit (DB) Plan accounts (if applicable). I would like the tax-deferred portion distributed to me in the following manner:

Roll over _____ % or \$_____ (fixed-dollar amount) of the tax-deferred portion of my DB Plan account(s) to my IRA or eligible employer plan in the Financial Institution Certification section on the reverse side. *If the amount you are requesting is not 100 percent or the entire account(s) balance, the remainder will be paid to you minus 20 percent for federal tax withholding.*

If you have tax-paid money in your account(s), it will be paid to you without any tax withholding. If you want to roll over this portion, obtain the *Financial Institution Certification* form from the PERA website.

Member Certification

I have read all of the information provided in the *Refund/Rollover Request* booklet and I understand that by rolling over/refunding my DB Plan account(s):

- I will forfeit any rights associated with my present DB Plan account(s), my right to any future benefits with PERA, and I am solely responsible for all taxes and consequences of my decision.
- My rollover and any portion that is refunded to me will be paid to me in the manner I requested, and I understand once it is paid, my rollover/refund cannot be reissued or returned to PERA.
- With my signature below, I wish to waive the 30-day waiting period the Internal Revenue Code affords me and I understand that this waiver does not guarantee my rollover/refund will be sent to me in less than 30 days. *Note:* Call PERA if you do not wish to waive this waiting period.
- I understand that my DB Plan account(s) will be refunded to me and/or rolled over to my financial institution within 90 days of PERA receiving the necessary documentation, which includes any information from me, my former employer(s), and my financial institution to process my rollover/refund.
- I understand that PERA may discuss this rollover with the receiving financial institution(s) named in the Financial Institution Certification section on the reverse side.

Sign Here →

Member Signature _____ Date _____

Notary Public

Places for you to have this form notarized include your employer, bank, or at PERA

Have a notary public complete the certification below (required).

State of _____ County of _____
Acknowledged before me, this _____ day of _____ 20 _____,
by _____.
Witness my official hand and seal. Commission expires: _____
Notary Public _____

Form continued on reverse

Submit original form to PERA



Rollover Request—Defined Benefit Plan (Page 2)

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Name _____ SSN _____

Termination Certification by Former Payroll Office

To be completed and signed by payroll office.

Employer: Please return this form, which must be signed by a certifying official, promptly to PERA. If the employee has been off your PERA Contribution Report for more than 90 days (unless on a leave of absence), you do not need to complete this certification.

If you received a paycheck from your PERA employer within the past 90 days, have your employer complete this section

If you were paid by more than one PERA employer, make copies of this page and have each employer complete this section

1. Specify the last date the member was or will be paid through (including contract payments and annual leave accrual paid in advance) or the last day of unpaid leave of absence, whichever is later _____
month/day/year

2. Specify the final month the member will appear on your Contribution Report _____
month/year

3. Specify the total member contributions (including adjustments) reported for the member on all Contribution Reports submitted for the final month \$ _____

4. Has this member terminated employment? Yes No
If yes, what is the termination date? _____
month/day/year

Signature and Title of Certifying Official (Payroll Specialist) _____ Date _____
()
Employer Name (please print) _____ Employer Number _____ Telephone Number _____

Financial Institution Certification

Instructions: You are required to have an authorized representative from the recipient financial institution or plan administrator complete and sign the information below. If you are rolling over your DB Plan account(s) to your PERAPlus 401(k) or 457 Plan, certification is not required. If you have tax-paid money in your account(s) and want to roll it over, obtain the *Financial Institution Certification* form from PERA's website.

→ **Member:** Choose ONE plan below to have the tax-deferred portion of your DB Plan account(s) rolled into:

Member complete this section (check one box only)

- Traditional IRA Roth IRA Qualified Plan
- 403(a) Annuity Plan 403(b) Tax-Sheltered Annuity 457(b) Governmental Plan
- PERAPlus 401(k) Plan* PERAPlus 457 Plan*
(You must have an existing PERAPlus 457 Plan account)

** If you choose the PERAPlus 401(k) or PERAPlus 457 Plan, you do not need certification below.*

→ **IRA custodian or plan representative:** Complete and sign the information below.

Authorized representative from financial institution complete this section

THIS CERTIFICATION CANNOT BE COMPLETED BY THE PERA MEMBER.

Make check payable to _____

Our institution will accept (check one): The entire tax-deferred portion **or**
 The following amount \$ _____

Name of IRA Custodian or Plan _____ Account Number _____

Address _____
Street City State ZIP Code

Sign Here →

Authorized representative

Signature of IRA Custodian or Plan Representative _____

Print Name of IRA Custodian or Plan Representative _____

Title of IRA Custodian or Plan Representative _____

Telephone Number () _____

Form continued on next page

Name _____ SSN _____

Social Security Card

Attach a photocopy of your Social Security card if you worked less than 18 months for a PERA employer

Attach a Legible Photocopy of Your Signed Social Security Card Below.

- DO NOT SEND YOUR ORIGINAL SOCIAL SECURITY CARD.
- Your Social Security card *must* have your current name.
- If you do not have a copy of your Social Security card or need a new card, contact Social Security at 1-800-772-1213.

Extend transparent tape to edges of card. Do not staple or glue.

