

ROLLOVER IN

READ REVERSE SIDE BEFORE COMPLETING THIS FORM



**Deferred
Compensation**

Participant

Last Name

First

M.I.

XXX-XX-

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Social Security Number (last 4)

I have the following pre-tax retirement savings account:

Investment/Brokerage Name (Transferring Plan)

Address

City, State & Zip

ID/Account Number

Phone Number

☐ Full Value or ☐ \$ _____

☐ The transferred funds are from my employment as a **Qualified Public Safety Employee** (defined on page 2).

Check type of plan: ☐ 457(b) ☐ 403(b) ☐ 401(k) ☐ 401(a) ☐ Traditional Rollover IRA

Investment Option

% of Funds

Ohio DC Stable Value Option

100%

- I elect to execute a rollover of the market value of the account named above to an account administered by the Ohio Deferred Compensation Program (Ohio DC), an IRC 457(b) plan, and agree to follow the rollover rules of both plans.
- I hereby request that a check for the account less any surrender charges be issued by the transferring plan, payable to Ohio Deferred Compensation. I agree that Ohio DC will invest the rollover funds and will not be responsible for market changes or interest prior to investment.
- I certify this rollover is an eligible rollover distribution from an eligible retirement plan as defined by the Internal Revenue Code, and if I receive the check directly, I will deliver the check to Ohio DC within 60 days of the eligible distribution date.
- I certify that if the transferring plan was an employer-sponsored plan, that I have severed my employment, and my final contribution has been invested in my account.
- I acknowledge I have read and understand the rollover rules above and on the back of this form, and I have received a copy of the Plan Document.
- I understand that if I am rolling to Ohio DC from a retirement account subject to ERISA, Ohio DC must provide me with a copy of their Investment Performance Report, which provides details about investment performance, expense ratios, and administrative fees and rebates. I acknowledge that I have received and reviewed the Investment Performance Report.

Participant Signature

Date

Ohio DC

Ohio Deferred Compensation is prepared to accept a transfer of the participant's account value, and hereby releases the transferring plan from all obligation to pay distributions to the participant from its plan for the amount transferred.

Transferring Plan should send a check made payable to:

**Ohio Deferred Compensation
257 East Town Street, Suite 400
Columbus, Ohio 43215-4623**

Ohio DC Use Only
Amount Transferred

Authorized Signature of Ohio Deferred Compensation

Date

ROLLOVER INTO OHIO DEFERRED COMPENSATION

A participant who has severed employment with any employer that maintained an eligible pre-tax retirement plan may rollover an eligible distribution from that plan into an account with the Ohio Deferred Compensation Program (Ohio DC), an Internal Revenue Code Section 457(b) plan.

A participant who has maintained a traditional Individual Retirement Account (IRA) may rollover an eligible distribution from that account to an account with Ohio DC. **A Roth IRA cannot be rolled into Ohio DC.**

The funds must be considered an "eligible rollover distribution" as defined in the Internal Revenue Code.

If the funds are not rolled over in a direct trustee-to-trustee rollover, then the funds must be rolled over within 60 days of the date the participant receives the funds from the original plan. **Attach a check made payable to Ohio Deferred Compensation and mail with a copy of this form.**

Amounts rolled into Ohio DC will be accounted for separately. Amounts rolled into Ohio DC will be subject to the same plan rules applicable to other rollover accounts and will be subject to the same tax treatment as applicable in the original plan. After a rollover account is established, the beneficiary designation for the rollover account can be viewed by logging into your account and changed at anytime.

A Qualified Public Safety Employee (QPSE) is defined as an individual serving a public agency in an official capacity, with or without compensation, generally as a:

- law enforcement officer
- specified federal law enforcement officer
- corrections officer
- customs officer
- border protection officer
- rescue squad or ambulance crew member
- firefighter
- federal firefighter
- private sector firefighter
- forensic security employee
- chaplain
- air traffic controller

Supervision of the duties listed above may also fall within the meaning of a QPSE.

All amounts rolled into Ohio DC will be invested in the Stable Value Option. Once the participant account has been established, participants can initiate an exchange among the investment options available through Ohio DC. Ohio DC is not obligated to invest rollover funds prior to the receipt of a properly completed and signed form. By signing this form, the participant acknowledges that Ohio DC will invest the rollover funds within a reasonable period of time and will not be responsible for market changes or interest prior to investment.

To request a rollover to the Ohio DC:

1. **Complete the Participant section of this form.**
2. **Sign and date the form in the spaces provided.**
3. **Return a copy to:**

**Ohio Deferred Compensation
257 East Town Street, Suite 400
Columbus, OH 43215-4623**

Fax: 614-222-9457

4. **Keep a copy of this form for your records.**

Ohio DC will send a copy of the form to the Transferring Plan to request the transfer and a check made payable to Ohio Deferred Compensation.

If you have questions about this form, please call our Service Center at 877-644-6457.