

# Direct Rollover/ Trustee-to-Trustee Transfer of Funds for the Purchase of Additional Service Credit



Explore Your Benefits

Public Employees' Retirement System (PERS)

Teachers' Pension and Annuity Fund (TPAF)

Police and Firemen's Retirement System (PFRS)

State Police Retirement System (SPRS)

Judicial Retirement System (JRS)

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## Who Should Complete this Application?

This application is for use by members who are purchasing additional pension service credit and who wish to pay for this additional service by rolling over funds from another qualified retirement savings plan. **Do not** complete this rollover request unless you have already received a *Purchase Cost Quotation Letter* from the New Jersey Division of Pensions & Benefits (NJDPB) that indicates the type, amount, and cost of any service you are eligible to purchase.

To obtain a *Purchase Cost Quotation Letter* you must first file an Application to Purchase Service Credit via the Member Benefits Online System (MBOS).

## GENERAL INFORMATION

**Please read this booklet carefully before completing the *Rollover/Transfer Request* form.**

This booklet contains:

- information on the types of funds that can be rolled over;
- instructions on how to complete the *Rollover/Transfer Request* form for the various types of qualified plans;
- the *Rollover/Transfer Request* form; and
- a *Purchase of Service Credits Transfer Request* (for those using tax-deferred contributions from the New Jersey State Employees Deferred Compensation Plan only).

If you have a *Purchase Cost Quotation Letter* and wish to pay for your service credit by rolling over funds from another retirement plan, continue reading to determine if your plan is eligible for rollover and how to complete the application.

## ELIGIBLE PLANS

Only certain types of distributions are eligible for transfer/rollover treatment and it is your responsibility to ensure such eligibility.

The types of plans eligible for direct rollover or trustee-to-trustee transfer are:

- 401(a) - Qualified plan (including 401(k) plan) and 403(a) qualified annuity
- 403(b) - Tax-Sheltered Annuity Plan
- 457(b) - State and Local Government Deferred Compensation Plan
- IRA - With tax-deferred funds
  - Traditional IRA
  - SIMPLE IRA (must be over 2 years old)
  - Simplified Employee Pension Plan (SEP)
  - Conduit IRA
  - Rollover IRA

**Note:** The NJDPB cannot accept rollovers from a Roth IRA or a Coverdell Education Savings Account (formerly known as an education IRA).

**If you are unsure if your plan is an eligible plan, see your financial institution or disbursing plan's administrator.**

# INSTRUCTIONS FOR COMPLETING THE DIRECT ROLLOVER/TRUSTEE-TO-TRUSTEE TRANSFER OF FUNDS FORM

The procedures for a direct rollover or trustee-to-trustee transfer vary depending on the type of plan from which the funds are being transferred and are listed separately by type. After you have received your *Purchase Cost Quotation Letter*, follow the instructions described below that apply to the type of transaction you are requesting.

## **If You Are Using Tax-Deferred Contributions from the New Jersey State Employees Deferred Compensation Plan**

The New Jersey State Employees Deferred Compensation Plan (NJSEDCP) is an eligible 457(b) Plan. If you are a member of the NJSEDCP, you may use your tax-deferred contributions for the full or partial payment of a purchase. You should verify the balance of the funds you have available for use as a direct transfer prior to completing the *Rollover/Transfer Request* form by contacting Empower at 866-657-3327.

After you have received a valid *Purchase Cost Quotation Letter*, complete Sections A, B, and D of the *Rollover/Transfer Request* form. This will authorize the transfer of your funds from the NJSEDCP to pay for either a portion or the entire cost of your purchase. You must also complete sections A-E of the *Purchase of Service Credits Transfer Request* included at the end of this packet.

You should select "Direct Transfer from the NJSEDCP" in Section B of the *Rollover/Transfer Request* form and submit the completed form and the completed *Purchase of Service Credits Transfer Request* – and if applicable a check for any personal funds you are using to pay for the purchase – to the attention of the **Cash Receipts Section, Division of Pensions & Benefits, P.O. Box 295, Trenton, NJ 08625-0295**.

If the amount you indicate in Section B on the *Rollover/Transfer Request* form – along with any check if you also submit personal funds – does not satisfy the entire cost of the purchase, the remaining balance due on the purchase will be scheduled as payroll deductions with interest.

To ensure proper handling of your purchase, please make sure the *Rollover/Transfer Request* form, the *Purchase of Service Credits Transfer Request*, and any checks are attached together.

If you have applied for multiple periods of service credit and received more than one *Purchase Cost Quotation Letter*, include a copy of the quotation letter(s) for the purchase that you wish to authorize along with your completed *Rollover/Transfer Request* and the *Purchase of Service Credits Transfer Request* forms. This will ensure that the funds are credited to the correct period of service.

**Note:** A member is unable to specify the NJSEDCP investment fund from which the monies will be transferred for the payment of the purchase. The transfer of funds from the NJSEDCP is based on the relative value of each investment alternative to the total value of your account. For example, if your investments are distributed equally between two of the investment funds, and you specify \$2,000 to be transferred for the cost of the purchase, then \$1,000 will be transferred from each of the two investment funds.

## **If You Are Using Tax-Deferred Contributions from a 401(A), 401(K), 403(A), 403(B), Or 457(B) Plan**

Funds to be rolled over or transferred **must be tax-deferred** and from one of the following types of qualified or eligible plans:

- 401(a) - Qualified plan (including 401(k) plan) and 403(a) qualified annuity
- 403(b) - Tax Sheltered Annuity Plan
- 457(b) - State and Local Government Deferred Compensation Plan

**Note:** No check will be accepted for a direct rollover or trustee-to-trustee transfer unless the completed *Rollover/Transfer Request* form accompanies the check. For this reason, it is critical that you coordinate the information required to complete the rollover with the disbursing plan or financial institution that will be issuing the check (any rollover/transfer check submitted directly to this office from the disbursing plan or financial institution will be returned).

After you have received a valid *Purchase Cost Quotation Letter*, complete Sections A, B, and D of the *Rollover/Transfer Request* form. This will authorize the transfer of your funds from your disbursing plan or financial institution to pay for a portion or the entire cost of your purchase. When rolling over or transferring funds from a tax-deferred plan, you should select — depending on the type of plan — either “Direct Rollover from a 401(a), 401(k), or 403(a) Plan” or “Direct Rollover/Transfer from a 403(b) Annuity or 457 Plan (other than the NJSEDCP)” in Section B of the *Rollover/Transfer Request* form.

Forward the *Rollover/Transfer Request* form to your disbursing plan or financial institution for the completion of Section C. **The disbursing plan or financial institution must return the completed *Rollover/Transfer Request* form and distribution check directly to you.**

The direct rollover/transfer check should be made payable to:

***Name of Retirement System\****  
***FBO\*\* Participant’s Name***

\* From Section A of *Rollover/Transfer Request* form.

\*\* “For the benefit of”

**Note:** The participant’s Social Security number must be on all checks.

You should submit the completed *Rollover/Transfer Request* form you receive from your disbursing plan or financial institution, the distribution check — and, if applicable, a check for any personal funds you are using to pay for the purchase — to the attention of the **Cash Receipts Section, Division of Pensions & Benefits, P.O. Box 295, Trenton, NJ 08625-0295.**

If the checks you submit do not satisfy the entire cost of the purchase, the remaining balance due on the purchase will be scheduled as payroll deductions with interest.

To ensure proper handling of your purchase, please make sure the *Rollover/Transfer Request* form and any checks are attached together.

If you have applied for multiple periods of service credit and received more than one *Purchase Cost Quotation Letter*, include a copy of the quotation letter(s) for the purchase that you wish to authorize along with your *Rollover/Transfer Request* form. This will ensure that the funds are credited to the correct period of service.

### **If You Are Using Tax-Deferred Contributions from an Individual Retirement Account (IRA)**

Funds to be rolled over from an IRA must be tax-deferred and from one of the following types of IRAs:

- Traditional IRA
- SIMPLE IRA (must be over 2 years old)
- Conduit IRA
- Rollover IRA

The NJDPB **cannot** accept rollovers from a Roth IRA or a Coverdell Education Savings Account (formerly known as an education IRA).

**Note: No check will be accepted for a direct rollover unless the completed *Rollover/Transfer Request* form accompanies the check.** For this reason, it is critical that you coordinate the information required to complete the rollover with the disbursing plan or financial institution that will be issuing the check (any rollover check submitted directly to this office from the disbursing plan or financial institution will be returned).

After you have received a valid *Purchase Cost Quotation Letter*, complete Sections A, B, and D on the *Rollover/Transfer Request* form. This will authorize the rollover of your funds from your disbursing plan or financial institution to pay for a portion or the entire cost of your purchase. When rolling over funds from an IRA, you should select “Direct Rollover from an IRA” in Section B on the *Rollover/Transfer Request* form.

Forward the *Rollover/Transfer Request* form to your disbursing plan or financial institution for the completion of Section C. **The disbursing plan or financial institution must return the completed *Rollover/Transfer Request* form and distribution check directly to you.**

The direct rollover check should be made payable to:

***Name of Retirement System\****

***FBO\*\* Participant's Name***

\* From Section A of *Rollover/Transfer Request* form.

\*\* "For the benefit of"

**Note:** The participant's Social Security number must be on all checks.

You should submit the completed *Rollover/Transfer Request* form you received from your disbursing plan or financial institution, the distribution check — and, if applicable, a check for any personal funds you are using to pay for the purchase — to the attention of the **Cash Receipts Section, Division of Pensions & Benefits, P.O. Box 295, Trenton, NJ 08625-0295.**

If the checks you submit do not satisfy the entire cost of the purchase, the remaining balance due on the purchase will be scheduled as payroll deductions with interest.

To ensure proper handling of your purchase, please make sure the *Rollover/Transfer Request* form and any checks are attached together.

If you have applied for multiple periods of service credit and received more than one *Purchase Cost Quotation Letter*, include a copy of the quotation letter(s) for the purchase that you wish to authorize along with your *Rollover/Transfer Request* form. This will ensure that the funds are credited to the correct period of service.

## **FOR MORE INFORMATION**

Information regarding the purchase of service credit is available on our website at [www.nj.gov/treasury/pensions](http://www.nj.gov/treasury/pensions). If you have further questions about the purchase of service credit or the direct rollover/trustee-to trustee transfer of funds after reading this booklet and visiting our website, you can contact the NJDPB Office of Client Services at (609) 292-7524, by email at: [pensions.nj@treas.state.nj.us](mailto:pensions.nj@treas.state.nj.us), or by sending correspondence to the Division of Pensions & Benefits, P.O. Box 295, Trenton, NJ 08625-0295.



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — CASH RECEIPTS SECTION**

P.O. Box 295, Trenton, NJ 08625-0295

**ROLLOVER/TRANSFER REQUEST FOR  
THE PURCHASE OF SERVICE CREDIT**

Please read the instructions for completing this form carefully. You must return this form along with all checks to the Division of Pensions &amp; Benefits at the address above.

**SECTION A — PARTICIPANT INFORMATION**Name \_\_\_\_\_  
First Middle Initial LastAddress \_\_\_\_\_  
Street City State Zip Code

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Indicate Retirement System (check one)

- Teachers' Pension and Annuity Fund  
 Police and Firemen's Retirement System

- Public Employees' Retirement System  
 State Police Retirement System  
 Judicial Retirement System

**Pension Member Number**

\_\_\_\_\_

**SECTION B — DIRECT ROLLOVER/TRANSFER OPTIONS**

Type of Distribution (check one)

- Direct Transfer from the New Jersey State Employees Deferred Compensation Plan (NJSEDCP)\*  
 Direct Rollover from a 401(a), 401(k), or 403(a) Plan       Direct Rollover from an IRA  
 Direct Rollover/Transfer from a 403(b) Annuity or 457 Plan (other than the NJSEDCP)

Type of Transaction Requested (check one)

- I am using rollover/transfer funds only:** My disbursing plan will issue a check for the amount of \$ \_\_\_\_\_ for this purchase.  
 **I wish to use rollover/transfer funds along with personal funds:** My disbursing plan will issue a check for the amount of \$ \_\_\_\_\_ for the partial payment of this purchase and I am including a check in the amount of \$ \_\_\_\_\_ for the balance.

\*The Purchase of Service Credits Transfer Request must accompany this form. Please refer to the "If You Are Using Tax-Deferred Contributions from the New Jersey State Employees Deferred Compensation Plan" section of the "Instructions" page.

**Note:** If the checks you submit do not satisfy the entire cost of the purchase, the remaining balance due on the purchase will automatically be scheduled as payroll deductions with interest.**SECTION C — DISBURSING PLAN CERTIFICATION (to be completed by plan administrator)**

Name of Disbursing Plan or Financial Institution \_\_\_\_\_

Type of Plan (Internal Revenue Code Section) \_\_\_\_\_

Plan Mailing Address \_\_\_\_\_  
Street City State Zip

I certify that the funds are being or have been distributed from an eligible retirement plan as defined in IRC Section 402(C)(8)(B).

Specify Dollar Amount \$ \_\_\_\_\_ Authorized Plan Administrator Signature \_\_\_\_\_

**SECTION D — PARTICIPANT CERTIFICATION AND AUTHORIZATION**

I certify that the funds meet the requirements for a rollover or transfer. I assume responsibility for any tax consequences that may result if these requirements are not met. I certify that the information provided on this form and on any attached forms is true, correct, and complete to the best of my knowledge. I authorize my disbursing plan to send me a check (except in the case of a direct transfer from the NJSEDCP) completed as indicated in the instructions for this form for the amount indicated in Section B of this form.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Explore Your Benefits

# Purchase of Service Credits Transfer Request Governmental 457(b) Plan

## NEW JERSEY STATE EMPLOYEES DEFERRED COMPENSATION PLAN

524954-01

### When would I use this form?

**When I am requesting a transfer to purchase permissible service credits with my employer's governmental defined benefit plan.**

- Please note that this withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is processed. The administrative review period may take several business days. Note that your investments may fluctuate with market performance so you may want to redirect or diversify those investments prior to making a withdrawal request. If you initiate a fund transfer during the administrative review period, it may delay the processing of your withdrawal. If you want to make changes to the investments in your account prior to withdrawal, please contact Service Provider or access your account online.

#### Additional Information

- Return Instructions for this form are in Section F.
- By logging into my account on the website at [empower.com/njplans](http://empower.com/njplans), I may track the status of this request.
- For questions regarding this form, refer to the attached Purchase of Service Credits Transfer Guide ("Guide"), contact Service Provider at 1-866-657-3327 or visit the website at [empower.com/njplans](http://empower.com/njplans).
- Use black or blue ink when completing this form.

### A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension \_\_\_\_\_

□	□	□	-	□	□	-	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---

Social Security Number or Taxpayer Identification Number  
(Must provide all 9 digits)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

(The name provided MUST match the name on file with Service Provider.)

( )

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

( )

Alternate Phone Number \_\_\_\_\_

Division/Payroll Center \_\_\_\_\_



#### Select One (Required):

I am a U.S. Citizen or U.S. Resident Alien.

I am a Non-Resident Alien or Other.

**Required** - Provide Country of Residence: \_\_\_\_\_

(See Instructions for IRS Form W-8BEN information.)

### B How much am I requesting?

(Continue to the next section after completing.)

Purchase of Service Credits

(Non-Roth) Amount: \$ \_\_\_\_\_ (Enter the requested amount - Any amount up to and including the amount shown on the Notification of Eligibility/Acceptance letter. Any applicable Plan withdrawal fees and optional delivery fees will be added to the requested amount.)

**I must include the Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan with my completed Purchase of Service Credits Transfer form.**

### C To whom do I want my transfer payable and where should it be sent?

(Continue to the next section after completing.)

Indicate Retirement System (check one) Membership Number \_\_\_\_\_

- Teachers Pension and Annuity Fund
- Police and Firemens Retirement System
- Public Employees Retirement System
- State Police Retirement System
- Judicial Retirement System

Sent to: State of New Jersey • Division of Pensions & Benefits, Attention: Cash Receipts, P.O. Box 295, Trenton, NJ 08625-0295

### D How do I want my transfer delivered?

(Continue to the next section after completing.)

Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer.

- If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- If I would like to make a change to what I previously selected, I must cross out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.



Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security Number \_\_\_\_\_

<b>D</b>	<p><b>How do I want my transfer delivered?</b> <span style="float: right;"><i>(Continue to the next section after completing.)</i></span></p> <p><i>Select One - Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order and additional/required information from my employer.</i></p> <p><input type="checkbox"/> <b>Check by USPS Regular Mail</b></p> <ul style="list-style-type: none"> <li>• Estimated delivery time is 7-10 business days</li> <li>• No additional charge</li> </ul> <p><input type="checkbox"/> <b>Check by Express Delivery</b></p> <ul style="list-style-type: none"> <li>• Estimated delivery time is 1-2 business days</li> <li>• A non-refundable charge of up to \$50.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.</li> <li>• Available for delivery, Monday - Friday, with no signature required upon delivery</li> <li>• If address is a P.O. Box, check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.</li> </ul>
<b>E</b>	<p><b>Signatures and Consent</b> <i>(Signatures must be on the lines provided.)</i> <span style="float: right;"><i>(After receiving ALL required signatures, continue to the next section.)</i></span></p> <hr/> <p><b>My Consent</b> <i>(Please sign on the 'My Signature' line below.)</i></p> <p>I acknowledge that I have read, understand and agree to all pages of this Purchase of Service Credits Transfer Request and the Purchase of Service Credits Transfer Guide and affirm that all information that I have provided is true and correct. Pursuant to the enclosed Notification of Eligibility/Acceptance letter from my employer's governmental defined benefit plan, I hereby authorize the transfer of deferred (pre-tax) funds in the amount indicated above from my Governmental 457(b) Plan for the purpose of purchasing retirement service credits. I understand the following:</p> <ul style="list-style-type: none"> <li>• Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.</li> <li>• Under penalty of perjury, I certify that the U.S. Social Security number or U.S. Taxpayer Identification number I have provided in Section A is correct. I am a U.S. person if I marked the U.S. Citizen or U.S. Resident Alien box in Section A of this form.</li> <li>• <b>Additional authentication may be necessary before my withdrawal is processed and/or payment released.</b></li> <li>• <b>My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-866-657-3327.</b></li> </ul> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p><b>My Signature</b> _____ <b>Date (Required)</b> _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p> <hr/> <p><b>My Authorized Plan Administrator Signature</b> <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i></p> <p>I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received from the Plan any notices required by law. I approve this transfer as it is presented on this form.</p> <p>I represent that I am an authorized signer on behalf of the above-named Plan and have an authority to instruct Service Provider to process this form.</p> <p><b>Authorized Plan Administrator Signature</b> _____ <b>Date (Required)</b> _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p> <p><b>Print Full Name</b> _____</p>

Last Name

First Name

M.I.

Social Security Number

Number

**F Where should I send this form?****Participant forward this form to:**

State of New Jersey  
 Division of Pensions and Benefits  
 ATTN: Cash Receipts  
 P.O. Box 295  
 Trenton, NJ 08625-0295  
**Fax:** 609-633-1696

**After all signatures have been obtained, this form and a copy of the Notification of Eligibility/Acceptance letter can be**

**Sent Regular Mail to:**

Empower  
 PO Box 56025  
 Boston, MA 02205-6025

**OR****Sent Express Mail to:**

Empower  
 8515 E. Orchard Road  
 Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.

## Purchase of Service Credits Transfer Guide - Governmental 457(b)

### The Purchase of Service Credits Transfer Request

#### Before completing the form, please note the following information:

- All pages of the Purchase of Service Credits Transfer Request form ("Transfer Form") must be returned **excluding** the Purchase of Service Credits Transfer Guide.
- Neither this Guide nor this Transfer Form are intended to provide tax or legal advice. In the preparation of this Transfer Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- Empower ("Service Provider") cannot release the funds until my employer confirms that I am entitled to take a transfer from the Plan.
- **If I would like a different withdrawal option other than Purchase of Service Credits, I need to complete either the In-Service Withdrawal form, if I am still employed with the Employer/Company sponsoring this Plan or the Separation from Employment Withdrawal form, if I am no longer working for the Employer/Company sponsoring this Plan.**
- **If I have more than one account or plan number, I must complete a separate Transfer Form for each account or plan number.**

#### Changes to My Request

- Any changes to this Transfer Form must be crossed out and initialed. If I do not initial all changes, this Transfer Form may be returned to me for verification.

#### Incomplete or Inaccurate Information

- In the event that any section of this Transfer Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Transfer Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

### Section A: What is my personal information?

- All information in this section must be completed.
- The name provided MUST match the name on file with Service Provider.
- Personal information will be kept confidential.
- If I am a non-resident alien, I must attach, to each withdrawal request, a current version of the IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- I may call 1-800-TAX-FORM (829-3676) or visit irs.gov to obtain a current version of an IRS Form W-8BEN.

### Section B: How much am I requesting?

- I must enter the amount that I would like transferred, up to and including the amount shown on the Notification of Eligibility/Acceptance letter.
- If my Plan charges any distribution fees or I choose an optional delivery method that has a fee, these will be added to the amount approved for a transfer, thereby increasing the amount disbursed from my account by the amount of these fees.

### Section C: To whom do I want my transfer payable and where should it be sent?

- It is my responsibility to indicate the correct Name/Trustee of the Defined Benefit Plan on the form.

### Section D: How do I want my transfer delivered?

- Delivery of payment is based on completion of the withdrawal process, which includes receipt of a complete request in good order **and** additional/required information from my employer.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by regular mail.
- Below is a description of each delivery option.

#### Check by USPS Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge

#### Check by Express Delivery

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to \$50.00 will be deducted, in addition to any withdrawal fees, for each transaction, which will be added to the purchase of service credit transfer amount requested.
- Available for delivery, Monday-Friday, with no signature required upon delivery
- If the address is a P.O. Box, the check will be sent by USPS Priority Mail and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

### Section E: Signatures and Consent

- **Handwritten signatures are required on this form. Electronic signatures will not be accepted and will result in a significant delay.**

#### My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Transfer Form and the Purchase of Service Credits Guide.
- It is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and that the Plan into which I am transferring money over will accept the dollars.
- Once a payment has been processed, it cannot be changed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.

#### My Authorized Plan Administrator Signature

- My Authorized Plan Administrator's signature is required in order for this Transfer Form to be processed.

## Section F: Where should I send this form?

- Once I have completed this Transfer Form, including obtaining all signatures, I must forward it and the Notification of Eligibility/Acceptance letter according to the instructions listed in this section.
- We will not accept hand delivered forms at Express Mail addresses.

## Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at [empower.com/njplans](http://empower.com/njplans) or call Client Service at 1-866-657-3327.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.