



11410 SW 68th Parkway, Tigard OR 97223  
 Mailing Address – PO Box 23700, Tigard OR 97281-3700  
 Toll free - 888-320-7377 fax - 503-598-0561  
 Website - <http://oregon.gov/pers>



12157

## IAP Direct Transfer Rollover Acceptance

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	PERS number	Social Security number*

### Section B: Rollover Acceptance

As an authorized representative, agent, custodian, trustee, or plan administrator of an eligible employer plan or deferred compensation plan, I hereby accept the direct transfer rollover from the Oregon Public Employees Retirement Systems plan, a qualified retirement plan under Internal Revenue Code 401(a), as specified below.

**Choose one here:** The plan  will  will not accept and separately account for after tax dollars.

### Section C: Rollover account information

Financial institution name \_\_\_\_\_

Rollover account number (if available) \_\_\_\_\_

Rollover plan type \_\_\_\_\_

### Section D: Rollover mailing address and confirmation

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name and title \_\_\_\_\_

### Section E: Authorized signature

My signature below indicates acceptance of the rollover of contributions and earnings.

Authorized signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_

If authorized representative signature is not available, have the plan administrator authorize the acceptance of the transfer by written confirmation. Call our Member Services toll-free 888-320-7377 if you have additional questions.

**Please complete and return this form immediately to avoid any delay in providing benefits.**

**Fax or mail the Direct Transfer Rollover Acceptance form to:**

**Oregon PERS  
 PO Box 23700  
 Tigard, OR 97281-3700**

Office use only		
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input checked="" type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee	
<input type="checkbox"/> Cross reference member SSN		

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.