

ROLLOVER/TRANSFER CERTIFICATION FORM

INFORMATION AND INSTRUCTIONS

Note to Member: This LACERA Rollover/Transfer Certification Form is not required for the following two plans:

1. Horizons 457 Plan (County of Los Angeles Deferred Compensation and Thrift Plan)
2. 401(k) Savings Plan (County of Los Angeles Savings Plan)

If you are a participant in either of these two plans, call Great-West Life & Annuity Insurance Company at 1-800-947-0845 to request a rollover/transfer form.

For All Other Plans: You must initiate your rollover or transfer request by contacting your Plan Administrator and completing any forms the administrator requires. You must also complete this LACERA Rollover/Transfer Certification Form.

On Rollovers to Purchase Service Credit or Additional Retirement Credit (ARC): The amount you request to roll over or transfer must be *less than or equal to* the amount listed in your Cost Notification Letter.

LACERA accepts tax-deferred direct rollovers and trustee-to-trustee transfers as payment, in full or in part, for the purchase of service credit. Funds from the following types of plans can be rolled over or transferred to LACERA: 401(a), 401(k), 403(b), governmental 457, Traditional IRA, Conduit/Rollover IRA.

The following steps must be taken in order for LACERA to approve your rollover:

1. Contact your Plan Administrator to confirm the amount of funds in your account available for a rollover or transfer to LACERA.
2. Initiate the rollover or transfer by completing the forms required by your Plan Administrator.
3. Complete the member portion on the back of this form.
4. Forward this Rollover/Transfer Certification Form to your Plan Administrator and instruct the Plan Administrator to complete, sign, and return the form directly to LACERA.
5. **Before your rollover or transfer can be accepted:** LACERA must receive this form and evaluate the information provided.

ROLLOVER/TRANSFER CERTIFICATION FORM

To Be Completed By LACERA Member

Note to Member: Contact your Plan Administrator to obtain the forms required to initiate the rollover or transfer. LACERA cannot initiate the rollover or transfer for you. See the front side of this form for instructions.

Section 1: Member Information

Name: _____ Soc Sec #: _____ Employee #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Section 2: Member Rollover Information

I request LACERA to accept my eligible rollover or transfer in the amount of \$ _____. If I am purchasing service credit or ARC, I understand this amount must be *less than or equal to* the amount listed in my Cost Notification Letter.

Section 3: Member Acknowledgement and Signature

By my signature below, I acknowledge I read and understand the Information and Instructions on the front of this form. I understand LACERA must receive this form and evaluate the information provided by my Plan Administrator before my rollover or transfer can be accepted.

MEMBER SIGNATURE **X** _____ DATE: _____

To Be Completed By Plan Administrator

Note To Plan Administrator: The Los Angeles County Employees Retirement Association (LACERA) is established pursuant to the County Employees Retirement Law of 1937 (California Government Code: Title 3, Division 4, Part 3, Chapter 3 and 3.9, Sections 31450–31899.10). LACERA is a governmental defined benefit plan described in Internal Revenue Code (IRC) Section 414(d) and qualified under IRC Section 401(a).

Section 4: Retirement Plan or IRA Information

Name of Plan: _____ Tax ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Section 5: Certification of Plan Administrator or IRA Trustee/Custodian

I certify that (Account Holder's Name) _____, (Soc Sec #) _____, has requested an eligible rollover distribution or trustee-to-trustee transfer of tax-deferred contributions (as defined under the Internal Revenue Code) from the eligible retirement plan or IRA named above.

Section 6: Plan and Distribution Information

- A. Select one: 401(a) Qualified Plan 403(b) Plan
 401(k) Qualified Plan Traditional Individual Retirement Account or Annuity
 Governmental 457 Plan Conduit/Rollover Individual Retirement Account or Annuity

B. The distribution is: (Check One)

- Direct rollover or transfer to LACERA. (Check should be payable to "LACERA FBO <Account Holder's Name>")
 A rollover distributed to the member (60-day rule applies).

C. Date of distribution/rollover/transfer: ____/____/____

Amount \$ _____ (Certain restrictions may apply, as indicated in Section 2.)

Section 7: Plan Administrator or IRA Trustee/Custodian Acknowledgement and Signature

I am the Plan Administrator or IRA Trustee/Custodian of the eligible retirement plan or IRA named above and I certify the above information is true and correct.

PLAN ADMINISTRATOR OR IRA TRUSTEE/CUSTODIAN SIGNATURE: _____

NAME (please print): _____ PHONE: _____

TITLE: _____ DATE: _____

RETURN FORM TO: LACERA, PO BOX 7060, PASADENA, CA 91109-7060

