



## ROLLOVER/TRANSFER CERTIFICATION FORM

### INFORMATION AND INSTRUCTIONS

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

1. Hartford 457 Plan (County of San Mateo Deferred Compensation Plan)
2. Nationwide 457 Plan (County of San Mateo Deferred Compensation Plan)

If you are a participant of either of these two plans, please contact the San Mateo County Human Resources' Benefits Division or visit their website for a form.

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**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 **SamCERA Rollover-Transfer Certification Form**.

**On All Plan Upgrade or Purchases:** The amount you request to roll over or transfer must be *less than or equal* to the amount listed in your Cost Notification Letter.

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

The following steps must be taken in order for **SamCERA** 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 **SamCERA**.
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 **SamCERA**.
5. **Before your rollover or transfer can be accepted:** **SamCERA** must receive this form and evaluate the information provided.

# ROLLOVER/TRANSFER CERTIFICATION FORM

## To be Completed by SamCERA Member

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

### Section 1: Member Information

Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Section 2: Member Rollover Information

I request SamCERA 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 SamCERA 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 San Mateo County Employees' Retirement Association (SamCERA) 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). SamCERA 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:
- |  |  |
|--|--|
| <input type="checkbox"/> 401(a) Qualified Plan | <input type="checkbox"/> 403(b) Plan   |
| <input type="checkbox"/> 401(k) Qualified Plan | <input type="checkbox"/> Traditional Individual Retirement Account or Annuity      |
| <input type="checkbox"/> Governmental 457 Plan | <input type="checkbox"/> Conduit/Rollover Individual Retirement Account or Annuity |

- B. The distribution is: (Check One)
- Direct rollover or transfer to SamCERA. (Check should be payable to "SamCERA 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: SamCERA, 100 Marine Parkway, Suite 125, Redwood Shores, CA 94065