

Rollover/Transfer Certification Form



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Information and Instructions

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.

IMPORTANT: A rollover/transfer may be used to purchase SamCERA service credit. Before you can proceed with a rollover/transfer, you must get a cost estimate for your service credit purchase by submitting a Purchase Request form to SamCERA. Do not begin the rollover/transfer process until you have received a Cost Notification Letter from SamCERA.

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

1. Contact your Plan Administrator (If your plan is the County of San Mateo's 457 plan, contact the Benefits Division of San Mateo County Human Resources), then:
 - confirm the amount of funds in your account available for a rollover or transfer to SamCERA;
 - obtain necessary forms from your Plan Administrator;
 - if your plan is not the County of San Mateo's 457 Plan, tell your plan administrator that you will be sending them a SamCERA form to be completed and returned by the plan;
 - get a time estimate for how long the rollover will take (if the rollover will be completed after your cost estimate will expire, call SamCERA before initiating the rollover).
2. Complete any forms that your Plan administrator requires. The amount you request to roll over or transfer must be less than or equal to the amount listed on your Cost Notification Letter. Any payment that exceeds the purchase amount will be returned.
3. If your plan is **not** the County of San Mateo's 457 Plan, you must **also** complete the SamCERA Rollover/Transfer Certification Form (on the following pages). To complete this form:
 - complete the member section;
 - forward the form to your Plan Administrator;
 - instruct the Plan Administrator to complete, sign, and return the form directly to SamCERA.
4. **Before your rollover or transfer can be accepted:** SamCERA must receive the Plan Administrator's form **and** for non-County plans, the SamCERA Rollover/Transfer Certification Form, and then evaluate the information provided to determine if the rollover/transfer can be accepted.

Your Member Information

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 first page of this form for instructions.

Last Name	First Name	Middle Initial	
Social Security Number	Daytime Phone	Evening Phone	
Address	City	State	Zip

Rollover Information

I request SamCERA to accept my eligible rollover or transfer in the amount of \$_____. If I am purchasing service credit, I understand this amount must be *less than or equal* to the amount listed in my Cost Notification Letter. Any payment that exceeds the purchase amount will be returned.

Acknowledgment

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 (<i>print this form and sign</i>)	Date
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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).

Name of Plan			
Tax ID Number		Contact Phone	
Address		City	State Zip

Certification of Plan Administrator or IRA Trustee/Custodian

I certify that (Account Holder's Name) _____, (SSN) _____, 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.

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 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.)

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.

Name of Plan Administrator or IRA Trustee/Custodian	
Title	Phone
Signature (<i>print this form and sign</i>)	Date

RETURN FORM TO: SamCERA, 100 Marine Parkway, Suite 125, Redwood City, CA 94065