OREGON PERS

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 – https://oregon.gov/pers

This form is not for OSGP.

Instructions for Trustee-to-Trustee Transfer to PERS for Purchase(s)

Use this form to fund a purchase of retirement credit with a transfer from a deferred compensation (457(b)) or tax-sheltered annuity (403(b)) plan.

Important information: please read

- You are responsible to ensure the trustee-to-trustee transfer and the transfer form are received by PERS during the time period permitted for the purchase.
- If PERS receives a trustee-to-trustee transfer and determines that all or a portion of the transfer may not be accepted by PERS and must be returned, PERS will transfer the amount back to the eligible retirement plan from which the transfer was received.
- You must also submit a signed purchase agreement to PERS and remit the remaining balance of the purchase cost (if any) not covered in the trustee-to-trustee transfer. As with the transfer, the purchase agreement and the remainder of the purchase cost, if any, must be received during the time period permitted for that purchase. The purchase agreement was mailed to you with your benefit estimate.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned.
- Make a copy of all forms for your records.

Section A: Applicant information

- Fill out this section completely.
- If you do not know your PERS ID, leave the space provided blank.
- 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 longer to process your form.

Section B: Purchase information

- Enter your effective retirement date.
- Enter the retirement purchases you want to make.
- Enter the total dollar amount to be transferred from your 457(b) or 403(b) plan.

Section C: Applicant signature

- Sign and date the form.

Section D: Transfer information (to be completed by the financial institution and mailed to PERS).

- Provide the full name of the institution the transfer is coming from.
- Provide a contact name for the institution as well as the institution's phone number and address.
- Check either the IRC 457(b) or IRC 403(b) check box.
- Enter the account name and number.
- Confirm the funds being transferred are from pretax dollars. (Roth after-tax dollars cannot be accepted.) Sign and date the form.

Notes

- Missing information in Section D may cause the transfer to be rejected.
- Your financial institution may require you to complete additional form(s).
- If your transfer is coming from Oregon Savings Growth Plan (OSGP), you must complete the OSGP Trustee-to-Trustee Transfer to PERS for Purchase(s). (459-774)

You are responsible to ensure the funds and this form are received by PERS during the time period permitted for the purchase.

OREGON PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

11410 SW 68th Parkway, Tigard OR 97223
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Trustee-to-Trustee Transfer to PERS for Purchase(s)

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name		PERS ID
Mailing address (street or PO box)				Social Security number (SSN)*
City	State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cell phone number	Personal email	

Section B: Purchase information

Effective retirement date _____

Retirement purchases to be made ☐ Waiting time ☐ Forfeited time ☐ Other type _____

Dollar amount to be transferred $ _____

You also must submit a signed purchase agreement to PERS and remit the remaining balance of the purchase cost (if any) not covered in the trustee-to-trustee transfer.

Section C: Applicant signature

Signature (do not print) _____ Print name _____ Date _____

You are responsible to ensure the funds and this form are received by PERS during the time period permitted for the purchase(s).

Section D: Transfer information (to be completed by the financial institution and mailed to PERS).

Institution name	
Contact person	Contact person's phone number
Mailing address	

Account type: ☐ IRC 457(b) ☐ IRC 403(b)

Account name: _____ Account number: _____

As the authorized representative, agent, custodian, trustee, or plan administrator for an eligible 457(b) or 403(b) plan,

I certify the funds being transferred to PERS are from a qualifying 457(b) or 403(b) plan.

I confirm the funds being transferred to PERS are pretax dollars. Roth after-tax dollars cannot be accepted.

Mail check and this form to Oregon PERS:

PERS
PO Box 23700
Tigard, OR 97281-3700

Authorized signature (do not print) _____ **Print name** _____ **Date** _____

***Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could 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 can request help by calling 888-320-7377 or TTY 503-603-7766.

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Print Form Clear Fields