



Name <small>Last</small> <small>First</small> <small>Middle</small>		Date of Birth - -	Plan Type (Check all that apply) <input type="checkbox"/> School <input type="checkbox"/> Patrol <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> DCP <input type="checkbox"/> DROP
Social Security Number - -	Email Address		
Address		City	State Zip

Rollover to Financial Institution

This form, along with the distribution form, is required for NPERS to process a rollover.

<p>Rollover Plan #1 <i>Financial Institution Account Information</i> (Please check the appropriate box)</p> <p><input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Qualified Plan</p> <p>Financial Institution Account Number (Account number may be optional. Please verify your financial institution's requirements.) _____</p> <p>Anticipated Amount: \$ _____ OR _____ %</p>	<p>Financial Institution Information</p> <p>Make Payable To (Financial Institution Name): _____</p> <p>Financial Institution Address: _____ _____ _____</p> <p style="text-align: center;">"FBO Member's Name" is automatically included on checks/warrants sent to the receiving institution. (FBO means: For the benefit of)</p>
<p>Rollover Plan #2 <i>Financial Institution Account Information</i> (Please check the appropriate box)</p> <p><input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Qualified Plan</p> <p>Financial Institution Account Number (Account number may be optional. Please verify your financial institution's requirements.) _____</p> <p>Anticipated Amount: \$ _____ OR _____ %</p>	<p>Financial Institution Information</p> <p>Make Payable To (Financial Institution Name): _____</p> <p>Financial Institution Address: _____ _____ _____</p> <p style="text-align: center;">"FBO Member's Name" is automatically included on checks/warrants sent to the receiving institution. (FBO means: For the benefit of)</p>

Please seek guidance from a representative of your financial institution to complete and verify the information needed on this form. Incomplete or incorrect information may delay your request. I reviewed this form and I direct NPERS to roll my funds to the financial institution(s) named above, as directed on the Request for Distribution form.

Member Signature _____ **Date** _____