

Name <small>Last First Middle</small>		Date of Birth - -	Plan Type <small>(Check all that apply.)</small>
Social Security Number - -	Email Address		
Address		City	State
			Zip

- School
- Patrol
- State
- County
- DCP
- DROP

Rollover to Financial Institution

This form is required in order for NPERS to process a rollover. A separate form is required for each rollover/transfer or if you would like your pre and post-tax money to go to separate accounts.

Section 1: This section is to be completed by the Member

I have reviewed this form and I direct NPERS to roll my funds as directed on the Request for Distribution form to the financial institution named in section 2.

Member Signature _____ **Date** _____

Section 2: This section is to be completed by the receiving financial institution

Financial Institution Account Information

(Please Check the appropriate box)

- Traditional IRA
- Roth IRA
- Qualified Plan

Account Number (optional)

Anticipated Amount:

\$ _____ OR _____ %

Financial Institution Information

Make Payable To (Name):

Address: _____

"FBO Member Name" is automatically included.

I am an authorized representative of the Financial Institution named above. We will accept the funds from the Nebraska Public Employees Retirement Systems as directed by the member (Section 1).

Authorized Signature _____

Printed Name _____

Title _____

Enter contact information in case of additional questions:

Phone Number _____

Fax Number _____