

Name Last First Middle		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 is required in order for NPERS to process a rollover.**

A separate rollover form is required for **each** rollover/transfer or if you would like your pre and post-tax money to go to separate accounts.

**Financial Institution Account Information**

(Please Check the appropriate box)

- Traditional IRA
- Roth IRA
- Qualified Plan

**Financial Institution Account Number (optional)**

\_\_\_\_\_

**Anticipated Amount:**

\$ \_\_\_\_\_ OR \_\_\_\_\_ %

**Financial Institution Information**

Make Payable To (Financial Institution Name):

\_\_\_\_\_

Financial Institution Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“FBO Member’s Name” is automatically included on checks/warrants sent to the receiving institution.

(FBO means: For the benefit of)

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. I direct NPERS to roll my funds to the financial institution named above, as directed on the Request for Distribution form.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_