

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 for Beneficiary

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.

<p>Financial Institution Account Information (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 (optional) _____</p> <p>Anticipated Amount: \$ _____ OR _____ %</p>	<p align="center">Financial Institution Information</p> <p>Make Payable To (Financial Institution Name): _____</p> <p>Financial Institution Address: _____ _____ _____</p> <p>“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. I direct NPERS to roll my funds to the financial institution named above, as directed on the Request for Distribution form.

Beneficiary Signature _____ Date _____