

ROLLOVER IN

READ REVERSE SIDE BEFORE COMPLETING THIS FORM



OHIO DEFERRED COMPENSATION

Participant Information

Last Name First M.I.

XXX-XX-_____
Social Security Number (last 4)

I have the following pre-tax retirement savings account:

Investment/Brokerage Name (Transferring Plan)

Address

City, State & Zip

Check type of plan: 457 403(b) 401(k) 401(a) Traditional Rollover IRA

ID/Account Number

Phone Number

Full Value or \$_____

The transferred funds are from my employment as a public safety officer.

The transferred funds are to be invested by Ohio Deferred Compensation as follows:

Employer Name	Employer Code	Suffix
_____ <u>Investment Option</u>	_____ <u>% of Funds</u>	_____ <u>Investment Option</u>
_____ <u>% of Funds</u>	_____ <u>Investment Option</u>	_____ <u>% of Funds</u>
_____ <u>% of Funds</u>	Total Percent of Funds = 100%	

- I elect to execute a rollover of the market value of the account named above to an account administered by the Ohio Deferred Compensation Program (Ohio DC), an IRC 457 plan, and agree to follow the rollover rules of both plans.
- I hereby request that a check for the account less any surrender charges be issued by the transferring plan, payable to Ohio Deferred Compensation. I agree that Ohio DC will invest the rollover funds as provided in this form and will not be responsible for market changes or interest prior to investment.
- I certify this rollover is an eligible rollover distribution from an eligible retirement plan as defined by the Internal Revenue Code, and if I receive the check directly, I will deliver the check to Ohio DC within 60 days of the eligible distribution date.
- I certify that if the transferring plan was an employer-sponsored plan that I have severed my employment, and my final contribution has been invested in my account.
- I acknowledge I have read and understand the rollover rules above and on the back of this form, and I have received a copy of the Plan Document and prospectuses of any mutual funds into which I am transferring funds.
- I understand that if I am rolling to Ohio DC from a retirement account subject to ERISA, Ohio DC must provide me with a copy of their Investment Performance Report, which provides details about investment performance, expense ratios, and administrative fees and rebates. I acknowledge that I have received and reviewed the Investment Performance Report.

Participant Signature

Date

Send a check made payable to: **Ohio Deferred Compensation
257 East Town Street, Suite 400
Columbus, Ohio 43215-4623**

Ohio DC Use Only
Amount Transferred

BENEFICIARY FORM

READ NEXT PAGE FOR INSTRUCTIONS



OHIO DEFERRED
COMPENSATION

Name _____

SS# _____ - _____ - _____ Employer Code _____ Suffix _____

Primary Beneficiary

1. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

2. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

3. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

4. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

PERCENTAGES MUST EQUAL 100% AND NOT EXCEED 100% IN EACH CATEGORY

Contingent Beneficiary

1. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

2. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

3. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

4. Name _____ SS# _____ - _____ - _____
Relationship _____ Date of Birth _____ Percentage _____

PERCENTAGES MUST EQUAL 100% AND NOT EXCEED 100% IN EACH CATEGORY

Do not check this box if you have chosen a primary/contingent beneficiary above.

My estate will be my primary beneficiary until I submit another properly completed Beneficiary Form. I understand that distributions from my estate may be required to be approved by probate court according to applicable state law.

I hereby designate the above beneficiary(ies) to receive benefits payable under the Plan, if any, in the event of my death.

Participant's Signature _____

Date _____

ROLLOVER INTO OHIO DEFERRED COMPENSATION

A participant who has severed employment with any employer that maintained an eligible pre-tax retirement plan may rollover an eligible distribution from that plan into an account with the Ohio Deferred Compensation Program (Ohio DC), an Internal Revenue Code Section 457 plan.

A participant who has maintained a traditional Individual Retirement Account (IRA) may rollover an eligible distribution from that account to an account with Ohio DC. **A Roth IRA cannot be rolled into Ohio DC.**

The funds must be considered an "eligible rollover distribution" as defined in the Internal Revenue Code.

If the funds are not rolled over in a direct trustee-to-trustee rollover, then the funds must be rolled over within 60 days of the date the participant receives the funds from the original plan.

Amounts rolled into Ohio DC will be accounted for separately. Amounts rolled into Ohio DC will be subject to the same plan rules applicable to other rollover accounts and will be subject to the same tax treatment as applicable in the original plan.

The participant must direct the investment of the amount among the investment options available through Ohio DC. Ohio DC is not obligated to invest rollover funds prior to the receipt of a properly completed and signed Rollover In form directing the investment of the funds. By signing this form, the participant acknowledges that Ohio DC will invest the rollover funds within a reasonable period of time and will not be responsible for market changes or interest prior to investment. If an investment option is not selected, the amounts rolled into Ohio DC will be invested in the Stable Value Option.

To request a rollover to the Ohio Deferred Compensation Program:

- 1. Complete the Participant Information section of this form.**
- 2. Sign and date the form in the spaces provided.**
- 3. Return this form to the address indicated;**
or
if not a direct trustee-to-trustee rollover, attach a check made payable to Ohio Deferred Compensation, and mail the white copy of this form to the address indicated.
- 4. Keep a copy of this form for your records.**

If you have questions about this form, please call our Service Center at 877-644-6457.

BENEFICIARY FORM INSTRUCTIONS

1. You may choose an individual, your estate, a trust, or charitable organization as your beneficiary. Your contingent beneficiaries will only be paid if all of your primary beneficiaries are not living at the time of your death. **Attach additional sheets, if necessary.**
2. You cannot name the same person as both primary and contingent beneficiary.
3. All information on the Beneficiary Form must be completed for processing. You must include the beneficiary's Social Security number or tax identification number, relationship, birth date, and percentage. **Percentages must equal 100% and not exceed 100% in each category.** Beneficiary Forms are legal documents. You must initial any changes made on the form.
4. If you are choosing a trust as your beneficiary, the Program must have a copy of the trust to process the form.
5. If you choose your estate, trust, or charitable organization as your primary beneficiary, there is no contingent beneficiary. You may choose an individual as your primary beneficiary and choose your estate, trust, or charity as your contingent beneficiary in case the primary beneficiary is not living at the time of your death.
6. Beneficiaries who are minors (under the age of 18) will not receive a distribution unless a legal guardian is appointed. If this is the case, payments will be made to the guardian on behalf of the minor.
7. Be sure to sign and date the form before mailing. Please keep a copy for your records.
8. If you have any questions, please contact our Service Center at 877-644-6457.

Return form to:

Ohio Deferred Compensation
257 East Town Street, Suite 457
Columbus, Ohio 43215-4626