**50177-****{stdMbrPERSLinkID}**



**ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50177 (Rev. 01-2014)

**NDPERS • PO Box 1657 • Bismarck, • North Dakota 58502-1657**

**(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

The North Dakota Public Employees Deferred Compensation Plan is an eligible plan under Section 457(b) of the Internal Revenue Code. NDPERS may accept an eligible rollover transfer of **pre-tax dollars** from another qualified retirement plan. An eligible retirement plan includes a 401(a) plan, a 401(k) plan, a 403(b) plan, a 457(b) plan, a traditional IRA, or the Federal Employees Retirement System (FERS) Thrift Savings Plan.

**PLEASE READ IMPORTANT INFORMATION PRINTED ON THE BACK OF THIS FORM.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART A MEMBER INFORMATION** | | | | | |
| Name (Last, First, Middle) {stdMbrFullNameLFM} | | | | NDPERS Member ID {stdMbrPERSLinkID} | |
| Last Four Digits of Social Security Number {stdMbrLastFourDigitsOfSSN} | | | | Date of Birth {stdMbrDateOfBirth} | |
| Organization Name {stdCurrentEmployerOrgName} | | | NDPERS Organization ID {stdCurrentEmployerOrgCodeID} | | |
| **PART B ROLLOVER/TRANSFER INSTRUCTIONS** | | | | | |
| Name and Address of Qualified Plan or Custodian of the qualified retirement plan. (Contact your current agent for any forms they may require for this request).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Verify Account Type:  401(a) 401(k) 401(c) Keogh  403(b) FERS Traditional IRA  NDPERS 457 Other 457  Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please transfer my account as indicated below:  Full Value \_\_\_\_\_\_\_%  $\_\_\_\_\_\_\_\_ | Agent’s Name (New Agent) | | | | |
| Make Check Payable To (Company Name) | | Telephone Number | | | |
| Home Office Address | | | | | |
| **PART C PARTICIPANT’S AUTHORIZATION** | | | | | |
| Signature of Member (**Required)** | | | | | Date of Signature |
| **PART D TO BE COMPLETED BY NDPERS** | | | | | |
| **In compliance with Section II – I. of the Provider Administrative Agreement, and federal Internal Revenue Code Section 457(e)(16), the NDPERS Retirement Board requests a direct transfer of funds to the company indicated in Part B. This company is an eligible provider under the State of North Dakota Deferred Compensation Plan and agrees to accept the funds being transferred and to serve as the new custodian for this account. The North Dakota Administrative Code stipulates that a request for transfer must be made within 30 days of the receipt of the request for rollover transfer.** | | | | | |
| Authorized Agent, North Dakota Deferred Compensation Plan **(Required)** | | | | | Date of Signature |

TA TD / OCTPAYXFR ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN



SFN 50177 (Rev. 01-2014) Page 2

INFORMATION ON REQUESTING A ROLLOVER/TRANSFER

FROM OTHER ELIGIBLE PLANS OR IRA'S

NDPERS can accept a trustee-to-trustee rollover/transfer to the NDPERS 457 Deferred Compensation Plan of pre-tax dollars from another retirement plan eligible under Section 401(a) of the Internal Revenue Code including 401(a), 401(k), 403(b), 457(b), and FERS plans. This also includes traditional IRA’s. For a rollover/transfer payment to be accepted by NDPERS, the following conditions must be met:

* Rollovers/Transfers must comply fully with the Internal Revenue Code and applicable Internal Revenue Service regulations.
* SFN 50177 must be completed and returned to NDPERS to process it as an eligible rollover/transfer. If your funds are coming from more than one provider company/plan, then a photocopy of this form should be made for each financial institution. The member will indicate in Part B the amount they are requesting each specific institution to rollover/transfer.
* You must have an established account with a NDPERS 457 Deferred Compensation Plan Provider Company by completing an enrollment document with the Provider.
* NDPERS will forward this form to the plan administrator currently holding the funds. The rollover/transfer check from the eligible plan or IRA must be sent to the Company specified in Part B.
* **If you wish to suspend or change the amount of your contribution to current Provider company, YOU MUST also complete a “457 DEFERRED COMPENSATION PLAN ENROLLMENT/CHANGE FORM SFN 3803”.**
* Rollover/transfers cannot be withdrawn unless you terminate employment and are off the payroll of all NDPERS covered employers for a period of one month.

**MEMBERS MAY WISH TO CONTACT A TAX ADVISOR FOR**

**DETAILED INFORMATION ABOUT ELIGIBLE ROLLOVER DISTRIBUTIONS/TRANSFERS.**