



# ROLLOVER/TRANSFER TO 457 DEFERRED COMPENSATION PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 50177 (Rev. 07-2007)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**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.**

<b>SECTION 1 PARTICIPANT INFORMATION</b>			
Member's Name (Last, First, Mi)		Social Security Number	Daytime Telephone Number
Address	City	State	Zip Code
Department/Agency Name			Department Number
<b>SECTION 2 ROLLOVER/TRANSFER INSTRUCTIONS</b>			
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: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 401(c) Keogh  <input type="checkbox"/> 403(b) <input type="checkbox"/> FERS <input type="checkbox"/> Traditional IRA <input type="checkbox"/> NDPERS 457 <input type="checkbox"/> Other 457	
Account Number: _____			
Please transfer my account as indicated below: <input type="checkbox"/> Full Value <input type="checkbox"/> _____% <input type="checkbox"/> \$ _____		FBO (Participant's Name)	Agent's Name (New Agent)
Make Check Payable To (Company Name)	Home Office Address	Telephone Number	
<b>SECTION 3 PARTICIPANT'S AUTHORIZATION</b>			
Signature of Member ( <b>Required</b> )			Date of Signature
<b>SECTION 4 TO BE COMPLETED BY NDPERS</b>			
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 Section 2. 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 ( <b>Required</b> )			Date of Signature

**ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS**

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### **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 Section 2 the amount they are requesting each specific institution to rollover/transfer.
- You must have an established account with a PERS 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 Section 2.
- **If you wish to suspend or change the amount of your contribution to current Provider company, YOU MUST also complete SFN 3803 Participant Agreement for Salary Reduction Authorization.**
- 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.**

**RETAIN A COPY FOR YOUR RECORDS IF NEEDED.**