SERVICE CREDIT PURCHASE PAYMENT FORM

This form is to be used when a member of the Ohio Police & Fire Pension Fund (OP&F) purchases service credit. This form provides OP&F with important tax information about the source of your payments. This form is not required if you are transferring money from another State of Ohio retirement plan (Ohio Public Employees Retirement System, School Employees of Ohio Retirement System, State Teachers Retirement System of Ohio, Cincinnati Retirement System, and Ohio State Highway Patrol Retirement System).

The OP&F member should complete:
• Section I (Member information)
• Section II if the member is directly paying all or a part of the cost to cover the purchase.

The member's plan or financial institution must complete:
• Section III only if the member has received a cost statement directly from OP&F and is using a direct rollover or trustee-to-trustee transfer to pay for all or a part of the cost of the service purchase. Funds must be received in full prior to the latest date on the statement you have received.

If OP&F does not receive the full amount from the cost statement or the completed payment form, there may be a delay in processing your purchase and/or additional interest charges assessed.

Section I: Member information
Name: First, MI, Last, suffix (Jr. III, etc.)

Street Address / Post office box

City, State, ZIP code

Home phone [ ] New Alternate phone [ ] New Email address [ ] New

Social Security number

Date of Birth

Section II: Payment directly from member
Complete this section if you are directly paying any portion of the purchase of service credit, otherwise proceed to the next section. Complete Part A if you are directly paying for all or part of the service purchase. Complete Part B if you are making a participant rollover of a payment that was recently paid to you.

Part A: Member paying for the purchase with after-tax funds, all or a portion with a personal check, cashiers check or other direct method.

Total Amount $________________

Part B: Member paying for the purchase with pre-tax funds, all or a portion from an indirect rollover.

Total Amount $________________

The Member is certifying that the funds described in Part B were distributed from the account designated below, that no more than 60 days have elapsed since the distribution and that the distribution was an eligible rollover distribution subject to 20 percent withholding (check one):

[ ] Code Section 401(a) Qualified Plan
[ ] 403(a) Qualified Plan
[ ] 403(b) Plan
[ ] 457(b) Governmental Plan
[ ] 408 Individual Retirement Account/Annuity

Member's signature: ___________________________ Date of signature: ___________________________

Deliver to: Member Services

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Service Credit Purchase Payment Form
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Section III: Direct rollover payment (to be completed by the financial plan)

Direct rollover payments from a retirement plan of a former employer

This section applies to a direct rollover of an eligible redistribution that is being paid to OP&F from a qualified retirement plan or IRA. **This section must be completed by a representative of the plan or financial institution.**

The ___________________________________________ (plan or IRA) hereby makes a rollover to OP&F of pre-tax funds on behalf of the member identified in Section I.

I certify that the ________________________________ satisfies the requirements of the following (check one):

- Code Section 401(a) or 403(a) Qualified Plan
- Code Section 403(b) Plan
- Code Section 457(b) Governmental Deferred Compensation Plan
- Individual Retirement Account/Annuity under Code Section 408

Total amount: $ 

Name of financial institution or plan administrator | Account number
---|---
---|---
Street Address / Post office box
City, State, ZIP code | Telephone
Signature of authorized representative | Print name | Date of signature

Trustee-to-trustee transfer from 403(b) or governmental 457 plan

These transfers may be made while the member is an active member of the transferring plan, and may include after-tax funds. **This section should be completed by a representative of the plan or financial institution.**

The ___________________________________________ 403(b) or governmental 457(b) plan) hereby makes a trustee-to-trustee transfer to OP&F of the following funds on behalf of member identified in Section I.

I certify that the ________________________________ satisfies the requirements of the following (check one):

- Code Section 403(b) Plan
- Code Section 457(b) Governmental Deferred Compensation Plan

Total amount: $ 

Name of financial institution or plan administrator | Account number
---|---
---|---
Street Address / Post office box
City, State, ZIP code | Telephone
Signature of authorized representative | Print name | Date of signature

Deliver to: Member Services