



**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):  
(Name of Program or Retirement Plan )

- 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: \$**

Pre-tax funds  Please check here to confirm

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



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**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):  
(Name of Program or Retirement Plan )

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

**Total amount: \$**

Pre-tax funds  Please check here to confirm

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



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