



Seattle City Employees' Retirement System

For office use only.
Retirement number:

Rollover Request to Purchase Service Credit

PART 1 – To be completed by the member

Use this form to roll over contributions from another qualified plan to the Seattle City Employees' Retirement System for the qualified purchase of retirement service credit. Please print legibly. Email, fax or mail completed form. See contact information below.

Note:

- Only direct rollovers to the plan are permitted
- Rollover checks must be payable to: Seattle City Employees' Retirement System
- This completed form must be returned or we cannot accept the rollover

Member Information

Name (First, Middle Initial, Last)		Today's Date	RETNO
Last 4 Social Security #	Phone Number	Email Address	

As a member of the Seattle City Employees' Retirement System, I hereby make a rollover contribution in the cash amount of:

\$

The rollover contribution is eligible for rollover and is from a source that satisfies the requirements of one of the following sections of the Internal Revenue Code of 1986, as amended.

Check which type of plan the rollover amount will come from:

- | | |
|--|---|
| <input type="checkbox"/> 403 (a) | <input type="checkbox"/> 408 (a) IRA – Traditional |
| <input type="checkbox"/> 403 (b) | <input type="checkbox"/> 401 (a) defined benefit plans |
| <input type="checkbox"/> 457 Governmental Plan | <input type="checkbox"/> 401 (a) defined contribution plans |
| <input type="checkbox"/> 401 (k) | <input type="checkbox"/> Other |

If the rollover contribution is from an IRA, I certify the above amount does not include any amounts that have been previously taxed.

Name (Please Print)

Signature

Date

Seattle City Employees' Retirement System, Jeffrey S. Davis, Executive Director

720 Third Avenue, Suite 900, Seattle, Washington 98104

Tel: 206.386.1293 Toll Free: 877.865.0079 Fax: 206.386.1506

Website: www.seattle.gov/retirement Email: retirecity@seattle.gov

Part II – To be completed by the member’s former plan or IRA

Member Name:

As custodian or trustee of the above-named member’s IRA or plan administrator of the above-named member’s eligible employer plan, please provide the following information and sign the form below:

Plan or IRA Information

Plan or IRA Name	Gross amount of distribution \$
Taxable amount of the distribution \$	Non-taxable amount of the distribution \$

If the distribution is from an employer plan, does it qualify as an “eligible rollover distribution” under Section 402(c) of the Internal Revenue Code?

Yes No

I certify that the above-named plan or IRA is intended to satisfy the requirement of the Internal Revenue Code for the plan type checked by the member above, and I am not aware of any plan or IRA provision or operation that would result in its disqualification.

Signature and Date Required

Printed name of custodian/trustee or plan administrator	
Signature of custodian/trustee or plan administrator	Today’s Date

**Please make rollover checks payable to
Seattle City Employees’ Retirement System
and mail to:**

City of Seattle
Retirement FAS Treasury Cashiers
PO Box 94766
Seattle, WA 98124-7066