



Seattle City Employees' Retirement System

Contribution Rollover Request

Use this form to roll over contributions from another qualified plan to SCERS for the purchase of retirement service credit as part of a qualified buy back.

Make rollover checks payable to Seattle City Employees' Retirement System and mail to:

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

Important Information

- 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 SCERS cannot accept the rollover

PART I – To be completed by the member

Member Information – Help us serve you by printing legibly.

Name (First, Middle Initial, Last)

Last 4 digits of your Social Security number:

Email address

Daytime Phone Number (including area code)

Source of Rollover – 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.

403 (a)

408 (a) IRA – Traditional

403 (b)

401 (a) defined benefit plans

457 Governmental Plan

401 (a) defined contribution plans

Amount of Rollover – If the rollover contribution is from an IRA, I certify the amount listed below does not include any amounts that I have been previously taxed.

\$

Signature and Date

Member's Signature

Today's Date

Please have the administrator of your former plan or IRA complete the second page of this form.

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

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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 administrative of the above-named member’s eligible employer plan, please provide the following information and sign the form below:

| Plan or IRA Information – Help us serve you by printing legibly. | |
|---|--|
| 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 requirements 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 | |
|---|--------------|
| Printed name of custodian/trustee or plan administrator | |
| Signature of custodian/trustee or plan administrator | Today’s Date |