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ROLLOVER IN

READ REVERSE SIDE BEFORE COMPLETING THIS FORM

OHIO DEFERRED COMPENSATION

Participant Information

Last Name First M.I.

XXX-XX- ☐☐☐☐
Social Security Number (last 4)

I have the following pre-tax retirement savings account:

ID/Account Number

Investment/Brokerage Name (Transferring Plan)

Phone Number

Address

☐ Full Value or ☐ $_____

City, State & Zip

☐ The transferred funds are from my employment as a public safety officer.

Check type of plan: ☐ 457 ☐ 403(b) ☐ 401(k) ☐ 401(a) ☐ Traditional Rollover IRA

The transferred funds are to be invested by Ohio Deferred Compensation as follows:

Employer Name

Investment Option	% of Funds	Investment Option	% of Funds
		Total Percent of Funds =	**100%**

- I elect to execute a rollover of the market value of the account named above to an account administered by the Ohio Deferred Compensation Program (Ohio DC), an IRC 457 plan, and agree to follow the rollover rules of both plans.
- I hereby request that a check for the account less any surrender charges be issued by the transferring plan, payable to Ohio Deferred Compensation. I agree that Ohio DC will invest the rollover funds as provided in this form and will not be responsible for market changes or interest prior to investment.
- I certify this rollover is an eligible rollover distribution from an eligible retirement plan as defined by the Internal Revenue Code, and if I receive the check directly, I will deliver the check to Ohio DC within 60 days of the eligible distribution date.
- I certify that if the transferring plan was an employer-sponsored plan, that I have severed my employment, and my final contribution has been invested in my account.
- I acknowledge I have read and understand the rollover rules above and on the back of this form, and I have received a copy of the Plan Document and prospectuses of any mutual funds into which I am transferring funds.
- I understand that if I am rolling to Ohio DC from a retirement account subject to ERISA, Ohio DC must provide me with a copy of their Investment Performance Report, which provides details about investment performance, expense ratios, and administrative fees and rebates. I acknowledge that I have received and reviewed the Investment Performance Report.

Participant Signature Date

Send a check made payable to:

Ohio Deferred Compensation
257 East Town Street, Suite 400
Columbus, Ohio 43215-4623

Ohio DC Use Only
Amount Transferred
_____

ROLLOVER INTO OHIO DEFERRED COMPENSATION

A participant who has severed employment with any employer that maintained an eligible pre-tax retirement plan may rollover an eligible distribution from that plan into an account with the Ohio Deferred Compensation Program (Ohio DC), an Internal Revenue Code Section 457 plan.

A participant who has maintained a traditional Individual Retirement Account (IRA) may rollover an eligible distribution from that account to an account with Ohio DC. **A Roth IRA cannot be rolled into Ohio DC.**

The funds must be considered an "eligible rollover distribution" as defined in the Internal Revenue Code.

If the funds are not rolled over in a direct trustee-to-trustee rollover, then the funds must be rolled over within 60 days of the date the participant receives the funds from the original plan.

Amounts rolled into Ohio DC will be accounted for separately. Amounts rolled into Ohio DC will be subject to the same plan rules applicable to other rollover accounts and will be subject to the same tax treatment as applicable in the original plan.

The participant must direct the investment of the amount among the investment options available through Ohio DC. Ohio DC is not obligated to invest rollover funds prior to the receipt of a properly completed and signed Rollover In form directing the investment of the funds. By signing this form, the participant acknowledges that Ohio DC will invest the rollover funds within a reasonable period of time and will not be responsible for market changes or interest prior to investment. If an investment option is not selected, the amounts rolled into Ohio DC will be invested in the Stable Value Option.

To request a rollover to the Ohio Deferred Compensation Program:

1. **Complete the Participant Information section of this form.**
2. **Sign and date the form in the spaces provided.**
3. **Return this form to the address indicated;**
   or
   if not a direct trustee-to-trustee rollover, attach a check made payable to Ohio Deferred Compensation, and mail the white copy of this form to the address indicated.
4. **Keep a copy of this form for your records.**

If you have questions about this form, please call our Service Center at 877-644-6457.