## SACRAMENTO COUNTY EMPLOYEES' RETIREMENT SYSTEM

980 9TH STREET, SUITE 1900, SACRAMENTO, CA 95814

## TELEPHONE (916) 874-9119 FAX (916) 874-6060

## **ROLLOVER FORM**

SCERS will accept a trustee to trustee transfer or a direct rollover from a California 457 plan or a 403(b) plan, SCERS does not allow wire transfers. Checks should be made payable to SCERS.

Smith, John Member Name (Last, First, MI) <u>111-11-1111</u> Social Security Number

111 A Street Home Street Address

Sacramento, CA 95814 City, State, Zip Employee No. (optional) 916-555-1234

Telephone Number (daytime)

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I certify that the above named member has requested the purchase of service credits. The total amount needed to purchase the requested service is \$ 7,433.37 . Payment must be received by SCERS before \_\_\_\_\_\_\_\_. If paid after this date, the amount is subject to change.

SCERS Representative (Print)

SCERS Representative Signed/Date

To be completed by an eligible public sector, agency in the State of California:	governmental 457 plan or 403(b) plan sponsored by an
sponsored by an agency in the State of Califor	igible public sector, governmental 457 plan or a 403(b) plan, rnia. I further certify that the plan authorizes transfer to the leposits and that the funds that are being transferred are from (c) of the Code.
Plan or Agency Plan Administrator/Designee (Print)	Telephone Number
	Telephone Number

Plan Administrator/Designee (Signed/Dated)

## Please return the completed form with payment to SCERS