

Delaware Public Employees Retirement System

McArdle Building
860 Silver Lake, Blvd. Suite 1
Dover, DE 19904
<http://www.delawarepensions.com>

Phone: (302)739-4208
Toll-Free: (800) 722-7300
Fax: (302) 739-6129

This form is for the use of individuals in the Delaware Public Employees Retirement System (**DPERS**) seeking an In-service Trustee-to-Trustee Transfer for the Purchase of Prior Service or Repayment of Withdrawn Contributions.

DPERS is a qualified 401(a) Defined Benefit Plan and is permitted to accept rollovers/transfers from qualified 401(a), 457(b), 403(b) and IRA plans for the purchase/conversion of permissive service credit.

Member Certification

This letter is sent to request rollover/transfer of \$ from the plan type indicated below. I understand the rollover/transfer may not be for more than the maximum amount required to purchase the permissible service credits or the repayment of previously withdrawn contributions and interest. I understand that if any additional funds are submitted, the additional funds will be returned to the transferring plan. Conversely, if the transfer does not contain enough money, I understand that I will be notified by letter and will have 30 days to ensure payment in full before the original funds are returned to the transferring plan on my behalf.

Name of Member _____ SSN of Member _____

Signature of Member _____ Date _____

State Treasure's Office Certification

I hereby certify the above member was a participant in our:

403(b) Deferred Compensation Plan 457(b) Deferred Compensation Plan 401(a) Match Plan
and the monies being transferred are:
 Pre-tax Post tax

In addition, I certify our plan has adopted provisions to allow in-Service Trustee-to-Trustee Transfers for the purpose of purchasing permissive service credits to a 401(a) Defined Benefit Plan. I further certify the funds being transferred are from the plan indicated above and eligible to be transferred to a 401(a) Defined Benefit Plan.

Name of authorized representative _____

Signature of authorized representative _____ Date _____

If submitting by check please mail along with this form to: State of Delaware
P.O. Box 755585
Philadelphia, PA 19175-5585

If wiring the funds, please send to: Mellon Financial Corporation
ABA: #031-000-037
Account: # 8-173-569
Credit: State of Delaware Pension Account

Mail a copy of Voya Trustee-to-Trustee Transfer Form to: Voya Financial:
P.O. Box 990063
Hartford, CT 06199-0063

Please call or fax the Office of Pensions Investment & Accounting Section a notice of intent to wire by 3:00 p.m. the day before the wire. Phone 800-722-7300 or fax 302-739-7946.