

# IN-SERVICE TRUSTEE-TO-TRUSTEE TRANSFER REQUEST FOR PURCHASE OF PRIOR SERVICE OR REPAYMENT OF WITHDRAWN CONTRIBUTIONS INSTRUCTIONS

The following plans under the Delaware Public Employees Retirement System (DPERS), as 401(a) Qualified Defined Benefit Plans, may accept an In-Service Trustee-to-Trustee Transfer from a 403(b) Tax Saving/Sheltered Annuity and/or a 457(b) Governmental Deferred Compensation Plan and/or a 401(a) Defined Contribution Plan (State of Delaware Match Plan) and/or a 401(k) Employer Savings Plan and/or a distribution from an individual retirement account or annuity described in §408 of the United States Internal Revenue Code for the purchase of permissible service credits or for the repayment of previously withdrawn contributions and interest:

- State Employees' Pension Plan
- County and Municipal Pension Plans

The transferring plan must allow the In-Service Trustee-to-Trustee Transfer. An employee must be terminated / retired from State employment before they are allowed to withdraw funds from the State's 403(b) Tax Saving/Sheltered Annuity plan or the 457 (b) (Deferred Compensation) plan. Contact your financial institution to determine if an In-Service Trustee-to-Trustee Transfer is allowed under your plan.

The payment may not be for more than the cost of the purchase. If any additional funds are submitted, the additional funds will be returned to the transferring plan. If your transfer does not contain enough money, a letter will be sent to you requesting the additional amount. If payment is not received within 30 days of the date of our letter, DPERS will return the funds to the transferring plan on your behalf.

Any funds transferred from a 403(b) Tax Savings/Sheltered Annuity or 457(b) Governmental Deferred Compensation Plan or 401(a) Defined Contribution Plan (State of Delaware Match Plan) or 401(k) Employer Savings Plan or an IRA to DPERS 401(a) Qualified Defined Benefit Plan will retain their tax-deferred status until paid from DPERS as a refund or monthly benefit. The transferred funds will have the same tax liabilities as the DPERS plan. Therefore, should you elect to take a refund from DPERS at a later date and do not roll the money into another plan; we will withhold 20% federal tax on the taxable portion of the refund. In addition, you may be subject to a 10% penalty if you are under age 59 ½ at the time of the refund.

Instructions:

## Member

1. Complete items 1 through 9 under Member Certification and Payment information.
2. For Item 7, Amount to be transferred from Financial Institution, **enter only the amount equal to your buy-in option provided on your Pension Benefit Calculation with Buy-In Option(s) form or Repayment letter**. In addition, enter only the amount to be transferred with this form. If the money you intend to transfer is from more than one account, you must submit a separate form for each transfer. NOTE: if your buy-in amount or repayment exceeds your available funds for a trustee-to-trustee transfer, you must contact the Office of Pensions immediately.
3. For Item 8, Type of Plan, check one box only. Do not include more than one plan per form.
4. Verify your information, sign, date, and forward a copy to the Office of Pensions.
5. Have your \* **Plan Service Provider** complete items 10 through 16. Please provide them with a copy of the instructions. If possible, have the Plan Provider complete page two before you send a copy to the Office of Pensions.

\* **The Plan Service Provider for the State of Delaware Deferred Compensation Plan is the Office of the State Treasurer.**

**IN-SERVICE TRUSTEE-TO-TRUSTEE TRANSFER REQUEST  
FOR PURCHASE OF PRIOR SERVICE  
OR  
REPAYMENT OF WITHDRAWN CONTRIBUTIONS  
INSTRUCTIONS  
(continued)**

Instructions:

Plan Service Provider

1. The trustee should complete items 10 through 16, under Plan Service Provider Information.
2. For Item 15, enter the amount to be transferred from the member's plan specifying pre-tax and post-tax dollars.
3. For Item 16, print your name as the certifying employee, followed by your signature.
4. Payment should be made via check, payable to: **Delaware Public Employees' Retirement System** or by wire.
5. If paying by check, the completed form should accompany the transfer of funds to DPERS. **The payment must not be for more than the amount of the purchase or repayment.** If any additional funds are submitted, the additional funds will be returned to the transferring plan.
6. Mail check and form to:

**STATE DELAWARE DOVER  
PO Box 358015  
Pittsburgh, PA 15251-5015**

7. These funds can also be wired using the following instructions:

**MELLON FINANCIAL CORPORATION  
ABA: # 031-000-037  
Account: # 8-173-569  
CREDIT: State of Delaware Pension Acct.**

**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 1-800-722-7300 or fax 302-739-7946.**

8. Mail a copy of the completed copy of the Trustee-to-Trustee Transfer Form to the Office of Pensions:

**Office of Pensions  
McArdle Building  
860 Silver Lake Boulevard  
Suite #1  
Dover, DE 19904-2402**

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Delaware Public Employees Retirement System  
McArdle Building  
860 Silver Lake Blvd., Suite 1  
Dover, DE 19904-2402  
Phone: (302)739-4208  
Toll-free: (800)722-7300  
Fax: (302)739-6129  
<http://www.delawarepensions.com>

<b>1. Social Security Number</b>
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**This form is for the use of governmental employees seeking an In-service Trustee-to-Trustee Transfer for the Purchase of Prior Service or Repayment of Withdrawn Contributions.**

DPERS, as a 401(a) Qualified Defined Benefit Plan, can accept money from a 401(a), a 457(b), a 403(b), a 401(k) and/or an IRA/annuity described as a 408 plan for the purchase of permissible service credits or to repay previously withdrawal. The payment must not be for more than the cost of the purchase. If any additional funds are submitted, the additional funds will be returned to the transferring plan. Please read the *In-Service Trustee-to-Trustee Transfer Request for Purchase of Prior Service or Repayment of Withdrawn Contributions Instructions* for additional information regarding this transfer.

<b>MEMBER CERTIFICATION (Please print)</b>		
<b>2. Member's Name (First)</b>	<b>(MI)</b>	<b>(Last)</b>
<b>3. Address (Street)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>4. Home Phone Number</b>	<b>5. Business Phone Number</b>	<b>6. Retirement Date (if applicable)</b>
( )	( )	

**PAYMENT INFORMATION** Use your Pension Benefit Calculation with Buy-in Option(s) form or Repayment letter to complete item 7. Submissions from separate plans require separate forms. If you plan to transfer funds from more than one account, calculate the amounts from each account separately.

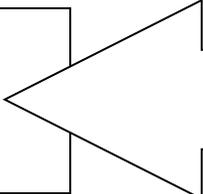
<b>7. Amount to be transferred from financial institution</b>		Enter only the amount of the payment transferred with this form

<b>8. Type of Plan (include only one per form)</b>	
<input type="checkbox"/> 408 Individual Retirement Account /Annuity	<input type="checkbox"/> 403(b) Tax Savings/Sheltered Annuity
<input type="checkbox"/> 457(b) Governmental Deferred Compensation Plan	<input type="checkbox"/> 401(a) State of Delaware Match Plan
<input type="checkbox"/> 401(k) Employer Savings Plan	

<b>9. By completing this form, I certify I have read the information contained in the <u><i>In-Service Trustee-to-Trustee Transfer Request for Purchase of Prior Service or Repayment of Withdrawn Contributions Instructions</i></u>. I further certify that I understand DPERS may only accept a transfer in an amount up to the amount of the purchase or repayment. Any additional amount will be returned to the transferring plan.</b>	
Members Signature _____	Date _____
<b>Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.</b>	

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(continued)**

PLAN SERVICE PROVIDER INFORMATION		
<b>10. Name of Financial Institution</b>		
<b>11. Address of Financial Institution (Street)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>12. Contact Person</b>	<b>13. Contact Phone Number</b> (   )	<b>14. Contact Fax Number</b> (   )

<b>15. Amount of Funds Transferred</b>  Pre tax    \$ _____  Post tax    \$ _____		Enter the exact amount of funds transferred from the member's plan to DPERS. The total amount should be no more than the amount shown in box 7.
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<p><b>16. I hereby certify the above member was a participant in our 401(a), 403(b), 408, 401(k), and/or 457(b) plan. 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.</b></p> <p>Name of authorized representative _____</p> <p>Signature of authorized representative _____ Date _____</p>
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If submitting by check, please mail along with this form to:

STATE DELAWARE DOVER  
PO Box 358015  
Pittsburgh, PA 15251-5015

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 the completed copy of the Trustee-to-Trustee Transfer Form to the Office of Pensions:

Office of Pensions  
McArdle Building  
860 Silver Lake Boulevard  
Suite #1  
Dover, DE 19904-2402

**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 1-800-722-7300 or fax 302-739-7946.**