



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

DIRECT ROLLOVER DISTRIBUTION

If you wish to rollover all or a portion of your lump sum payment to an IRA or eligible retirement plan, complete this form. If you do not want to rollover any funds, do not complete this form. Carefully review the enclosed Special Tax Notice to understand this option. Any amounts not rolled over will be sent to you.

Complete Sections A and B. Your financial institution **must complete Section C**. If this information is not completed, payment will be mailed to you and 20% of the taxable amount will be withheld.

A. PERSONAL INFORMATION

Your Name: _____

Member ID: _____

Date of Birth: _____ Email Address: _____
MONTH/DAY/YEAR

Address: _____
STREET OR ROUTE NUMBER OR P.O. BOX

CITY STATE ZIP

Daytime telephone number: (_____) _____
AREA CODE

B. ROLLOVER REQUEST

I request that SERS rollover all or a portion of my lump sum payment to an IRA or eligible retirement plan. I understand that Section C must be completed by my financial institution, or 20% of the taxable amount will be withheld.

Option 1	Option 2
<input type="checkbox"/> I want to rollover a portion of my lump sum payment with the remainder paid to me. Amount of the lump sum payment to be rolled over: \$ _____ Additional Instructions for rollover: _____ _____	<input type="checkbox"/> I want to rollover the entire amount of my lump sum payment to an IRA or eligible retirement plan.

I fully understand that I am responsible for providing SERS the correct information for a direct rollover and that the plan designated below is eligible to receive a direct rollover. I understand that if the financial institution named in Section C will NOT accept a direct rollover, SERS will make the payment to me and 20% of the taxable amount will be withheld.

I also understand that the rollover check will be made payable to the trustee of the account and not to me.

Your Signature: _____ Date: _____
DO NOT PRINT

C. FINANCIAL INSTITUTION INFORMATION

This section must be completed by the plan that is accepting the eligible rollover distribution.

Financial Institution name: _____

Financial Institution street address: _____

Financial Institution city, state, zip code: _____

Financial Institution contact name and title: _____

Financial Institution contact telephone number: _____

Account number: _____

Provide "Check Payable To" name and address if different from above:

I certify that the account identified above is eligible to receive a direct rollover as a:

- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ Eligible Employer Plan (401(a), 401(k), 403(b), 457(b))

Check this box only if this financial institution cannot accept after-tax funds: ☐

I understand that SERS is a 401(a) qualified plan. I confirm that this financial institution will accept a direct rollover from SERS, is eligible to receive these funds, and that I am authorized to act on behalf of the financial institution named above.

Signature of Financial Institution Representative: _____
DO NOT PRINT OR TYPE NAME

Date: _____

Please return this form to SERS by mail at 300 E. Broad St., Suite 100, Columbus, OH 43215.