



WRS PENSION ACCOUNT ROLLOVER REQUEST APPLICATION

(Revised 2/2025)

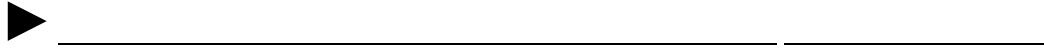

If you are rolling your WRS pension account funds from WRS into an IRA or a qualified retirement plan at another financial institution that cannot provide a letter of acceptance, this form must be completed and attached to the Refund Request form.

I certify that I have terminated employment with all participating employers of the Wyoming Retirement System (WRS) and have instructed WRS to roll my funds into my account with your financial institution. WRS is a qualified retirement plan as defined under section 401(a) of the Internal Revenue Code.

I understand that a rollover is a total distribution of my contributions and interest. By choosing a rollover, I forfeit the matching employer contributions and give up any rights to future benefits with WRS. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee, Custodian or issuer of either the distributing or receiving plans liable for any adverse consequences that may result

For security reasons, I understand the rollover check will be made payable to the new custodian for my benefit but will be mailed to me at the mailing address I have on file with WRS. I will be responsible for forwarding the check, along with the required documentation, to the new custodian.

I understand that once my rollover is processed, my rollover cannot be reissued or returned to WRS.

MEMBER INFORMATION					
Check will be mailed to this address	MEMBER'S NAME			LAST 4 SSN	
	MAILING ADDRESS	CITY		STATE	ZIP
	EMAIL ADDRESS		PHONE NUMBER		
Please Sign	 Member's Signature Date				
TRUSTEE OR CUSTODIAN INFORMATION:					
To be completed and signed by new Trustee or Custodian	As an authorized administrator of this financial institution, we agree to serve as successor trustee/custodian for the assets of the above named member and certify the funds will be placed into: (please check only one box) <input type="checkbox"/> A traditional IRA* Or <input type="checkbox"/> An eligible employer plan. An eligible employer plan includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, a section 403(a) annuity plan, a section 403(b) tax-sheltered annuity; or an eligible governmental section 457(b) plan.				
	MAKE CHECK PAYABLE TO	FBO		ACCOUNT #	
	MAILING ADDRESS	CITY		STATE	ZIP
Please Sign	 Authorized Administrator/Trustee's Signature Date				