

WYOMING RETIREMENT SYSTEM

Direct Rollover/Transfer Request Form

1. Member Information: Check box if new address

2. Current Plan Custodian/Trustee (Payer):

Name _____
Address _____
City, State, Zip _____
Social Security Number _____ Wyoming Retirement Number _____

Empower Retirement
Name _____
PO Box 173764
Address _____
Denver, CO 80217-3764
City, State, Zip _____
800-701-8255
Phone Number _____ Account Number _____

3. Please indicate the amount of the Direct Rollover/Transfer:\$ _____

4. Member Authorization:

I instruct Empower Retirement (Payer) to transfer the above referenced funds to the Wyoming Retirement System. I assume full responsibility for the direct rollover/transfer transaction and will not hold the Plan Administrator, Trustee, Custodian, or issuer of either the distributing or receiving plans liable to any adverse consequences that may result.

X
Member Signature _____ Date _____

(Remember: If you are over age 73, minimum required distributions are NOT eligible for direct rollover/transfer.)

5. Verification of Plan Status: Must be completed and signed, and returned to WRS

The above individual is requesting that the Wyoming Retirement System (WRS) accept a direct rollover/transfer from your plan. Before WRS can proceed with this request, we need verification of the status of your plan. WRS is a defined benefit plan, qualified under 401(a) of the Internal Revenue Code, and can accept tax-deferred money from a qualified 401(a), 401(k), 403(b) or a traditional IRA. Please complete this section and return the form to WRS, along with the check.

I certify I am an authorized administrator/trustee of the Plan listed in Section 2, and certify the funds to be rolled over/transferred are from the following: (please check one only)

- a 401(a) or 401(k) pension plan a traditional IRA
 a 403(b) plan (to purchase service credits) a 457 (b) Plan (to purchase service credits)

Type or Print Name of Authorized Administrator/Trustee Authorized Administrator/Trustee's Title

X
Authorized Administrator/Trustee's Signature _____ Date _____

- Check is attached to rollover/transfer form **OR** Check will be sent separately

6. Acceptance of Appointment and Instruction to Current Custodian/Trustee:

The Wyoming Retirement System is a defined benefit plan, qualified under section 401(a) of the Internal Revenue Code, and is authorized to accept the above funds as a direct rollover/transfer upon verification of the plan status (section 5). Please consider this form a letter of acceptance.

Authorized WRS Signature: X _____

Title Pension Benefits Specialist Date _____

WRS Office Use Only

Entered: _____
Verified: _____