



Please provide a copy of the following:

1. DROP Distribution or ORIGINAL, notarized Refund of Contributions Form
2. Request to Transfer form with payment instructions from your financial institution.

DIRECT ROLLOVER REQUEST FORM

Check only one:

DROP Distribution

Refund of Contributions

TO BE COMPLETED BY INSTITUTION THAT WILL BE ROLLING OVER FUNDS:

Name of Distributing Plan: **Parochial Employees' Retirement System**

Name of Employer:

Type of Plan: **401 (a)**

Address of Plan: **7905 Wrenwood Boulevard**

City/State/Zip: **Baton Rouge, LA 70809**

Name and telephone no. of contact at distributing plan: **Kristi Spinosa (225) 928-1361**

TO BE COMPLETED BY MEMBER REQUESTING DIRECT ROLLOVER FROM PERS:

Name of Participant (First, Last):

Social Security No.:

Date of Birth:

Telephone:

Mailing Address:

City, State, Zip:

*****ROLLOVER "OUT" INSTRUCTIONS*****

Directly roll over all of my balance to _____ in the manner listed below:

1. Please make a check payable to _____ (name of Accepting Organization) FBO (name of the individual requesting the rollover) as a Qualified Retirement Plan under IRC Sec. 401(a).
2. Account/Plan # _____
3. Address to mail rollover payment _____

*****AGE 73 RESTRICTION*****

If this rollover is being made during or after the year in which you turn 73, you cannot roll over any distribution which would constitute a required minimum distribution from the distributing plan. Please check with your Plan Administrator for more information about required minimum distributions.

*****TAX NOTICE ACKNOWLEDGEMENT*****

INDIVIDUAL: I have read and understand the IRC Sec. 402(h) Notice provided to me by the Plan Administrator. I understand any conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds listed in the "Rollover Instructions" section of this Direct Rollover Request. Due to the important tax consequences of rolling funds over to another qualified plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee, Custodian, Issuer or the Parochial Employees' Retirement System liable for any adverse consequences that may result.

Member/Retiree Signature _____

DATE _____

Name of Firm Accepting Rollover

Signature of Officer Accepting Rollover

Printed Name of Officer Accepting Rollover

Title of Officer Accepting Rollover

Date