



Authorization to Transfer Tax-Sheltered Funds

Instructions – Please Read Carefully

- ◆ Use this form to request a trustee-to-trustee transfer or a qualified rollover of tax-sheltered funds into your ERFC plan account with the Educational Employees' Supplementary Retirement System of Fairfax County (ERFC). Acceptable funds for such a transfer or rollover include: 403(b) Tax-Sheltered Accounts, 457(b) Deferred Compensation Accounts, a 401(k) Defined Contribution Plan Account, an Individual Retirement Account (IRA), or another pension plan qualified under 401(a)
- ◆ Complete both sides of this form and return it to the ERFC Finance Office at the address listed above. **Note:** Based upon the information you provide in Part B (below), ERFC will contact your certifying Plan Provider for the signature approval required to complete the transfer of your tax-sheltered funds.
- ◆ The total amount you are transferring or rolling over from the tax-sheltered plan **must not exceed** the actual cost to purchase additional ERFC service credit, or the actual cost to re-deposit previously withdrawn ERFC contributions. **ERFC WILL NOT ACCEPT FUNDS IN EXCESS OF THE COST TO EITHER PURCHASE OR RE-DEPOSIT SERVICE CREDIT IN THE RETIREMENT SYSTEM.**

PART A ~ ERFC Member Information (To be completed by the ERFC Member)

Last Name		First Name		Middle Initial	Suffix
Street Address	Apt #	City	State	Zip Code	
Daytime Phone # (area code-xxx-xxxx)		Date of Birth (month / day / year)		Membership Date (month / day / year)	
Social Security Number			Employee ID Number		

PART B ~ Plan Provider Information (To be completed by the ERFC Member)

Name of Tax Shelter or IRA				
Company Address		City	State	Zip Code
Account Number/s				

PART C ~ Financial Institution (The ERFC Office will typically contact the Plan Provider for the following certification. However, see Item #2 on the reverse, regarding Service Credit purchases using funds transferred from FCPS 403(b) or 457(b) plans.)

Type of Tax-Sheltered Account:		<input type="checkbox"/> Defined Contribution Plan 401(k)	<input type="checkbox"/> Individual Retirement Account (IRA)
<input type="checkbox"/> Another Qualified Pension Plan Under 401(a)	<input type="checkbox"/> Tax-Sheltered Annuity 403(b)	<input type="checkbox"/> Deferred Compensation – 457(b)	<input type="checkbox"/> Other _____
Plan Provider Certification:		<input type="checkbox"/> Other _____	
Certifying Plan Provider (Print Name)		Phone Number	
Certifying Plan Provider Signature		Date	

PART D ~ Transfer Authorization and Signature Approval

I am requesting the immediate transfer of \$ _____ from the tax-sheltered account noted on the reverse side of this form, to be paid directly to the ERFC at the following address:

**Educational Employees' Supplementary Retirement System of Fairfax County (ERFC)
8001 Forbes Place, Suite 300
Springfield, Virginia 22151-2205**

As owner of the above named, tax-sheltered account, I request the proceeds noted above to be transferred or rolled over directly for deposit as indicated, to an account established in my name with the Educational Employees' Supplementary Retirement System of Fairfax County (ERFC). I intend this transaction to be accomplished so as not to place me in actual or constructive receipt of the proceeds, ensuring that this transaction will therefore qualify as a direct rollover or as a trustee-to-trustee transfer of assets, as appropriate. Do not withhold Federal or State income taxes from these transferring funds. I request that my name *not* appear as joint payee on the check, nor shall any endorsement thereon be necessary for deposit with ERFC. If my name must be used, it must be preceded by "FBO," meaning "*for the benefit of.*" I understand that neither the current carrier of my account, nor the ERFC, provides legal or tax advice. **I further understand that ERFC will not accept funds in excess of the cost to purchase or re-deposit service in the retirement system.**

Tax-Sheltered Account Owner Signature

Date

Overview & Summary

1. You must complete both sides of this form, including required signatures, and return it by mail (or in person) to:
ERFC ~ 8001 Forbes Place, Suite 300 ~ Springfield, Virginia 22151-2205
2. If you intend to ^{purchase} ERFC service credit using rollover funds from an FCPS authorized provider of either a Tax Deferred Account 403(b), or a Deferred Compensation Plan Account 457(b), new FCPS rules may also require you to submit an approved *Transaction Routing Request* form to ensure compliance with IRS Regulations. To verify, contact your 403(b) or 457(b) provider directly for assistance. If your funds provider determines it is necessary, download the Transaction Routing Request form at:
https://www.tsacg.com/employee_site/forms/form_files/Fairfax_TRR.pdf
3. ERFC will keep a copy of this form for file records, and will forward the original to your designated financial institution for certification and completion of Part C.
4. Your financial institution must transfer the funds directly to ERFC by the service credit purchase due date.
5. The amount transferred from your financial institution must not exceed the amount of your approved cost to purchase or re-deposit service credit.
6. If the amount of funds transferred from your financial institution is less than your total cost to purchase service credit, you will be required to make a direct payment to ERFC for the full difference. Any balance-due payment must also be received in full by ERFC no later than the due date for your service credit purchase.
7. Any payments received from your financial institution *after* your service credit purchase due date will be returned to that institution. If you still wish to purchase service credit, your costs will have to be re-calculated based upon a revised purchase date. Therefore, you will be required to start the process over from the beginning, and complete a new set of forms.
8. You also have the option to purchase or re-deposit service credit with ERFC, paying directly from your own funds by personal or certified check. Please make your check payable to ERFC, and make certain to remit payment directly to the ERFC by the due date.

For further assistance, contact the ERFC office:

Phone: 703-426-3900 (local) ♦ 1-800-426-4208 (toll free) ♦ Email: ERFCoffice@fcps.edu/ERFC