



The Educational Employees' Supplementary Retirement System of *Fairfax County*
 8001 Forbes Place, Suite 300 Springfield, VA 22151-2205
 703-426-3900 844-758-3793 www.fcps.edu/erfc

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)—but not an IRA inherited from any individual other than your spouse; 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must not exceed the actual cost to purchase additional ERFC service credit, or the actual cost to re-deposit previously withdrawn ERFC contributions.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)

_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Suffix</i>
_____	_____	_____	_____
<i>Street Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>
_____	_____	_____	_____
<i>Daytime Phone # (with area code)</i>	<i>Date of Birth (month / day / year)</i>	<i>Membership Date (month / day / year)</i>	
_____	_____	_____	
<i>Social Security Number</i>	<i>Employee ID Number</i>		

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

<i>Name of Tax Shelter or IRA</i>			
_____	_____	_____	_____
<i>Company Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Account Number/s</i>			

PART C ~ Financial Institution (ERFC Office will contact the Plan Provider for certification)

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

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, VA 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

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, VA 22151-2205**
- 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.
- Your financial institution must transfer the funds directly to ERFC by the service credit purchase due date.
- The amount transferred from your financial institution must not exceed the amount of your approved cost to purchase or re-deposit service credit.
- 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.
- 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.
- 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.

Contact the ERFC office with any questions or concerns:

Phone: 703-426-3900 (local)

1-844-758-3793 (toll free)

Email: ERFCoffice@fcps.edu/ERFC