



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

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MEMBER APPLICATION FOR A ROLLOVER OF A PARTIAL LUMP SUM OPTION PAYMENT (PLOP)

On your service retirement application you indicated that you wished to rollover all or a portion of your PLOP amount. You should read this application and the Special Tax Notice carefully before completing and returning this application to SERS.

TAXATION

There are a number of tax issues for you to consider. You should read the Special Tax Notice before making a decision on how you wish to direct your PLOP.

Under federal tax law neither a payment nor a direct rollover can be made by SERS until at least 30 days after you receive the Special Tax Notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the 30-day period by signing and returning your application and indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election and Ohio law.

MEMBER ROLLOVER APPLICATION

A. PERSONAL INFORMATION

Your Social Security Number: - -

Your Name: _____
FIRST MIDDLE (MAIDEN) LAST

B. ROLLOVER REQUEST

If the total amount of the PLOP includes a taxable portion, SERS is required to withhold 20% of the taxable amount as federal income tax withholding. You may be able to continue to defer federal taxation by making an eligible rollover.

Complete this section if you want to rollover all or a portion of your payment to an IRA or eligible retirement plan. Carefully review the enclosed Special Tax Notice to understand this option which may allow you to continue to defer taxes on your payment. Any amounts not rolled over will be sent to you.

If this information is not completed, 20% of the taxable amount will be withheld.

Custodian/trustee name: _____

Custodian/trustee address: _____

Your account number: _____

This account is a:

Traditional Individual Retirement Account (IRA) Roth IRA Employer plan

Amount of the taxable portion of your payment to be rolled over to this firm: All or Part: \$ _____

Amount of the after-tax portion of your payment to be rolled over to this firm: All or Part: \$ _____

I would like the following amount in cash (not to be rolled into the account specified above): \$ _____

Mark one of the following:

- My custodian/trustee will accept a direct rollover of my payment. Send the funds to the firm's address on this form.
- My custodian/trustee will not accept a direct rollover of my payment. Send the check to me so that I may deliver it to the firm.

C. MEMBER SIGNATURE

I certify that:

1. I have applied for a PLOP as part of my service retirement application with SERS;
2. The information that I have supplied in this Application is accurate and true; and
3. I have received and reviewed the Special Tax Notice, and understand that I have 30 days to consider my decision to request a direct rollover of my SERS account, and by signing this Application I am affirmatively waiving this 30-day period.

Your signature: _____
DO NOT PRINT OR TYPE NAME

Date: _____