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Transfer/Rollover Certification

The State Employees' Retirement System is a qualified pension plan under section 401(a) of the Internal Revenue Code and as such is authorized to accept transfer/rollover funds to establish permissive service credit.

Please carefully read and complete all of the following information pertaining to the tax free transfer/rollover from another qualified employer plan [401(a), 403(b), 457] or individual retirement account (IRA).

Name (*Last, first, middle*) _____

SSN (*last 4*) or **Member ID** _____

Address (*Street, City, State, Zip*) _____

Work phone number _____

Home phone number _____

I, _____, notify and certify to the State Employees' Retirement System of my intention to purchase creditable service with the System with contributions from which Federal income taxes have not been paid. I intend to transfer/rollover \$ _____ which is all or part of a qualified employer plan or IRA. Due to the possible tax consequences regarding these funds, the State Employees' Retirement System advises you to contact a tax consultant and/or the Internal Revenue Service for advice. Furthermore, I, and not the State Employees' Retirement System, assume the responsibility for any tax consequence that may result from this transaction rollover.

By signing below I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Signature _____ **Date** _____