

## **Authorization for Direct Rollover to a Qualified Retirement Plan**

Wis. Stat. § 40.08 (14)

Wisconsin Department of Employee Trust Funds PO Box 7931 Madison WI 53707-7931 1-877-533-5020 (toll free) Fax 608-267-4549

Complete and return this form with your Wisconsin Retirement System benefit application to roll over lump-sum benefits of \$200 or more to an individual retirement account (IRA), 401(k), or other qualified account. Complete this only for rollovers.

- ETF will issue the check using the information your plan enters in the Receiving Plan/Financial Institution section. If your plan will not accept the check as written, ETF will not reissue the check. You will have to take this as a direct payment with tax consequences. Your receiving plan/financial institution must provide accurate information on this form.
- The rollover check will be mailed to your address. It is your responsibility to deliver the rollover check to your receiving plan in a timely manner. ETF cannot mail the check to your plan.
- If the IRS requires a minimum distribution from this account, that portion of the benefit will not be rolled over.
- After-tax contributions in the WRS can be rolled over only if you submit a letter from the receiving plan stating it is willing to account for these contributions separately. For more information, including information regarding indirect

rollovers, see Federal Withholding Requirements and Rollover Options (E1-7289), available on the E1F website.		
Applicant Complete This Section		
Name (first, middle, last)		ETF Member ID or last 4 SSN
Street address or P.O. Box		Birth date (MM/DD/YYYY)
		,
	T=	
City, State, ZIP code	Telephone, inc. area code	For a death benefit only: Original participant last 4 SSN or ETF ID
		participant last 1 Sert of 211 18
Select the amount you wish to rollover to an IRA, 401(k), or other qualified account (check one box):		
☐ The entire taxable amount		
\$ of the taxable amount. If the amount entered exceeds the total taxable benefit, the total taxable		
amount will be rolled over.		
This form is not for direct deposit to checking, savings, or money market account.		
I authorize the Department of Employee Trust Funds to roll over the p		
account under the WRS to the financial institution named below. I certify that the account in which these funds will be deposited is in a plan qualified under Sec. 401(a), 401(k), 403(a), 403(b), 408, or 457(b) of the Code.		
Applicant signature	of the Code.	Date (MM/DD/YYYY)
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Make a copy for your records.