

## Certification of Plan-to-Plan Transfer to Buy Permissive Service Credit

Wis. Stat. § 40.285

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

| Participant Information         |                     |          |  |  |  |
|---------------------------------|---------------------|----------|--|--|--|
| Name (first, middle initial, la | ast, former/maiden) |          |  |  |  |
|                                 |                     |          |  |  |  |
| Street address                  |                     |          | Last four digits of Social Security number |  |  |
|                                 |                     |          | xxx-xx-                                    |  |  |
| City                            | State               | ZIP code | Birth date (MM/DD/YYYY)                    |  |  |
|                                 |                     |          |  |  |  |

The Department of Employee Trust Funds confirms that the Wisconsin Retirement System is a governmental defined benefit plan under the Internal Revenue Code (IRC) 401(a), and that funds transferred to ETF per this form will be used to purchase permissive service credits for the person named above.

By submitting this form, the participant authorizes the transfer of **pre-tax** monies from the retirement plan named below to the WRS for the purpose of buying permissive service credits. The transferring retirement plan must be qualified under section 401(a), 401(k), 403(b) or 457(b) of the IRC and must agree to the transfer. Other plans, such as Individual Retirement Accounts (IRAs), are not eligible for direct plan-to-plan transfers. **The amount of monies transferred from all qualified retirement plans cannot exceed 90% of the total cost of the WRS-creditable service being purchased**. A separate *Certification of Plan-to-Plan Transfer to Buy Permissive Service Credit* (ET-7368) form must be submitted for **each** retirement plan from which funds are being transferred.

## **Instructions for the Participant:**

- 1. Complete and sign the following section. Be sure to provide all of the information requested. Missing information will result in this form being returned to you for correction. You may also wish to make a copy for your records.
- 2. Send this completed certification form to the Department of Employee Trust Funds along with your completed service purchase application and your partial payment (unless transferring WRS additional contributions). ETF will forward your certification form(s) to the transferring plan(s).

| Authorization  |            |           |                             |  |
|--|------------|-----------|-----------------------------|--|
| I hereby authorize the plan/trustee named below to transfer the indicated amount of my pre-tax monies to the Wisconsin Retirement System to buy service credits. I certify that the plan from which these funds will be transferred is qualified under Sec. 401(a), 401(k), 403(b), or 457(b) of the Internal Revenue Code. I understand that it is my responsibility to verify that this plan agrees to transfer my pre-tax funds to purchase WRS service credits by the due date indicated on the back of this form. |            |           |                             |  |
| Enter the <b>name</b> and <b>address</b> of your plan/trustee that will transfer pre-tax funds to Wisconsin Retirement System:   | the        | Enter yo  | ur plan account number:     |  |
|  |            | Enter the | e amount to be transferred: |  |
|  |            | \$        |                             |  |
| The transferring plan is qualified as a <i>(check one box only)</i> : Qualified Employer Plan [Sec. 401(a) or 401(k)]  |            |           |                             |  |
| ☐ Governmental Tax-Deferred Plan [Sec. 457(b)]   |            |           |                             |  |
| ☐ Tax-Sheltered Annuity Plan [Sec. 403(b)]   |            |           |                             |  |
| I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.  |            |           |                             |  |
| Signature  | Date (MM/D | DD/YYYY)  | Telephone number            |  |
|  |            |           |                             |  |

Transferring Plan: See Instructions on Reverse Side

## **Instructions for Transferring Plan**

- Please issue a check **from pre-tax monies only** for the transfer amount shown on the reverse side of this form to purchase permissive service credit.
  - ETF must receive the check for the transfer amount no later than 90 calendar days after the
    date on which ETF received the Wisconsin Retirement System service purchase application
    from the participant. Payments received after this date will be returned to the
    transferring plan.
- The check must include the name of the owner of the account you hold in trust, to assure that this payment is credited to the correct WRS participant's account. We cannot accept wire transfers.
- Make your check payable to: Department of Employee Trust Funds.
- Mail the check to: Department of Employee Trust Funds PO Box 93901 Milwaukee, WI 53293-3901

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