

**IN-SERVICE TRUSTEE-TO-TRUSTEE TRANSFER REQUEST
FOR PURCHASE OF PRIOR SERVICE
OR
REPAYMENT OF WITHDRAWN CONTRIBUTIONS
INSTRUCTIONS
(continued)**

Instructions:

Plan Service Provider

1. The trustee should complete items 10 through 16, under Plan Service Provider Information.
2. For Item 15, enter the amount to be transferred from the member's plan specifying pre-tax and post-tax dollars.
3. For Item 16, print your name as the certifying employee, followed by your signature.
4. Payment should be made via check, payable to: **Delaware Public Employees' Retirement System** or by wire.
5. If paying by check, the completed form should accompany the transfer of funds to DPERS. **The payment must not be for more than the amount of the purchase or repayment.** If any additional funds are submitted, the additional funds will be returned to the transferring plan.
6. Mail check and form to:

**W5585
State of Delaware
P.O. Box 7777
Philadelphia, PA 19175-5585**

7. These funds can also be wired using the following instructions:

**MELLON FINANCIAL CORPORATION
ABA: # 031-000-037
Account: # 8-173-569
CREDIT: State of Delaware Pension Acct.**

Please call or fax the Office of Pensions Investment & Accounting Section a notice of intent to wire by 3:00 p.m. the day before the wire. Phone 1-800-722-7300 or fax 302-739-7946.

8. Mail a copy of the completed copy of the Trustee-to-Trustee Transfer Form to the Office of Pensions:

**Office of Pensions
McArdle Building
860 Silver Lake Boulevard
Suite #1
Dover, DE 19904-2402**

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Delaware Public Employees Retirement System
McArdle Building
860 Silver Lake Blvd., Suite 1
Dover, DE 19904-2402
Phone: (302)739-4208
Toll-free: (800)722-7300
Fax: (302)739-6129
<http://www.delawarepensions.com>

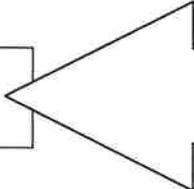
1. Social Security Number

This form is for the use of governmental employees seeking an In-service Trustee-to-Trustee Transfer for the Purchase of Prior Service or Repayment of Withdrawn Contributions.

DPERS, as a 401(a) Qualified Defined Benefit Plan, can accept money from a 401(a), a 457(b), a 403(b), a 401(k) and/or an IRA/annuity described as a 408 plan for the purchase of permissible service credits or to repay previously withdrawal. The payment must not be for more than the cost of the purchase. If any additional funds are submitted, the additional funds will be returned to the transferring plan. Please read the *In-Service Trustee-to-Trustee Transfer Request for Purchase of Prior Service or Repayment of Withdrawn Contributions Instructions* for additional information regarding this transfer.

MEMBER CERTIFICATION (Please print)			
2. Member's Name (First)		(MI)	(Last)
(Jr./Sr.)			
3. Address (Street)			
City	State		Zip
4. Home Phone Number	5. Business Phone Number		6. Retirement Date (if applicable)
()	()		

PAYMENT INFORMATION Use your Pension Benefit Calculation with Buy-in Option(s) form or Repayment letter to complete item 7. Submissions from separate plans require separate forms. If you plan to transfer funds from more than one account, calculate the amounts from each account separately.

7. Amount to be transferred from financial institution		Enter only the amount of the payment transferred with this form
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8. Type of Plan (include only one per form)	
<input type="checkbox"/> 408 Individual Retirement Account /Annuity	<input type="checkbox"/> 403(b) Tax Savings/Sheltered Annuity
<input type="checkbox"/> 457(b) Governmental Deferred Compensation Plan	<input type="checkbox"/> 401(a) State of Delaware Match Plan
<input type="checkbox"/> 401(k) Employer Savings Plan	

9. By completing this form, I certify I have read the information contained in the <u><i>In-Service Trustee-to-Trustee Transfer Request for Purchase of Prior Service or Repayment of Withdrawn Contributions Instructions</i></u>. I further certify that I understand DPERS may only accept a transfer in an amount up to the amount of the purchase or repayment. Any additional amount will be returned to the transferring plan.	
Members Signature _____	Date _____
Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.	

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PLAN SERVICE PROVIDER INFORMATION		
10. Name of Financial Institution		
11. Address of Financial Institution (Street)		
City	State	Zip
12. Contact Person	13. Contact Phone Number ()	14. Contact Fax Number ()

15. Amount of Funds Transferred Pre tax \$ _____ Post tax \$ _____		Enter the exact amount of funds transferred from the member's plan to DPERS. The total amount should be no more than the amount shown in box 7.
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16. I hereby certify the above member was a participant in our 401(a), 403(b), 408, 401(k), and/or 457(b) plan. In addition, I certify our plan has adopted provisions to allow In-Service Trustee-to-Trustee Transfers for the purpose of purchasing permissive service credits to a 401(a) Defined Benefit Plan. I further certify the funds being transferred are from the plan indicated above and eligible to be transferred to a 401(a) Defined Benefit Plan.

Name of authorized representative _____

Signature of authorized representative _____ Date _____

If submitting by check, please mail along with this form to:

W5585
State of Delaware
P.O. Box 7777
Philadelphia, PA 19175-5585

If wiring the funds, please send to:

Mellon Financial Corporation
ABA: #031-000-037
Account: # 8-173-569
Credit: State of Delaware Pension Account

Mail a copy of the completed copy of the Trustee-to-Trustee Transfer Form to the Office of Pensions:

Office of Pensions
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