

## Delaware Public Employees Retirement System

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Dover, DE 19904  
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Fax: (302) 739-6129

This form is for the use of individuals in the Delaware Public Employees Retirement System (**DPERS**) seeking an In-service Trustee-to-Trustee Transfer for the Purchase of Service or Repayment of Withdrawn Contributions.

**DPERS** is a qualified 401(a) Defined Benefit Plan and is permitted to accept rollovers/transfers from qualified 401(a), 457(b), 403(b) and IRA plans for the purchase/conversion of permissive service credit.

### Member Certification

This letter is sent to request rollover/transfer of \$  from the plan type indicated below. I understand the rollover/transfer may not be for more than the maximum amount required to purchase the permissible service credits or the repayment of previously withdrawn contributions and interest. I understand that if any additional funds are submitted, the additional funds will be returned to the transferring plan. Conversely, if the transfer does not contain enough money, I understand that I will be notified by letter and will have 30 days to ensure payment in full before the original funds are returned to the transferring plan on my behalf.

Name of Member \_\_\_\_\_ SSN of Member \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

### State Treasurer's Office Certification

I hereby certify the above member was a participant in our:

☐ 403(b) Deferred Compensation Plan    ☐ 457(b) Deferred Compensation Plan    ☐ 401(a) Match Plan  
and the monies being transferred are:  
☐ Pre-tax    ☐ Post tax

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: STATE DELAWARE  
P.O. Box 5518  
Binghamton, NY 13902

If wiring the funds, please send to: JPMorgan Chase New York, NY 10017  
ABA: #0212000021  
Account # 597783239  
Account Name: State of Delaware- Pension Investments Account

Mail a copy of Voya Trustee-to-Trustee Transfer Form to: Voya Financial:  
P.O. Box 990063  
Hartford, CT 06199-0063

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 800-722-7300 or fax 302-739-7946.