

Authorization for Direct Rollover

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 etf.wi.gov

Complete and return this form with your Wisconsin Retirement System benefit application.

- 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.
- If the IRS requires a minimum distribution from this account, that portion of the benefit will not be rolled over.
- Your rollover check will be mailed to your home address. It is your responsibility to deliver your rollover check to your receiving plan.
- Lump-sum taxable distributions of less than \$200 cannot be rolled over.
- The WRS is a qualified governmental retirement plan that is not subject to the ERISA fee disclosure requirements.
- Checks will be issued according to this form or the attached documents. If rejected by the rollover company, checks will not be re-issued as a rollover. Contact your plan/financial institution for the most accurate information.

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1. Applicant Information	
Name (first, middle, last)	ETF Member ID or last 4 SSN
Street address or P.O. Box	Birth date
City, state, ZIP code	For a death benefit only: Original participant last 4 SSN or ETF ID
	Original participant last 1 00.100 211 12
2. Direct Rollover Amount	
Check one: The entire taxable amount	
% of the taxable amount	
\$ of the taxable amount. If the amount entered exceeds the total taxable benefit, the total taxable amount will be rolled over.	
3. Authorization	
I authorize the Department of Employee Trust Funds to roll over the payment from my Sec. 401(a) and/or 403(b), Internal Revenue Code, 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.	
Date Signature	Daytime telephone, inc. area code
4. Receiving Plan/Financial Institution Information – This section needs to be completed either by the receiving	
plan/financial institution and signed, or by you with attached documentation that verifies how the check should be made payable. If rejected by the rollover company, checks will not be re-issued as a rollover.	
Name of receiving plan/financial institution and if needed, the account number.	
Make check payable to (50-character limit):	
make shock payable to the shared ming.	
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	☐ Sec. 403(a) Annuity Plan
The receiving plan type is: Traditional IRA [Sec. 408(a) or 408(b)] Sec. 403(a) Annuity Plan Sec. 403(b) Tax-Sheltered Annuity	
Qualified Employer Plan [Sec. 401(a) or 401(k)] Governmental 457 Plan [Sec. 457(b)]	
Roth IRA – Withhold% federal taxes	Talada a Sala Para a sala la
Plan Administrator or Financial Institution representative D Signature:	ate Telephone, including area code
oignaturo.	
Print name:	

Make a copy for your records.

