



Department of Management & Budget  
 Office of Retirement Services  
 www.michigan.gov/ors (800) 381-5111  
 P.O. Box 30171  
 Lansing MI 48909-7671

# Qualified Plan-to-Plan Transfer Certification

For Purchasing Service Credit

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
MAILING ADDRESS	DATE OF BIRTH
CITY, STATE, ZIP CODE	DAYTIME PHONE NUMBER (     )

## Section I – Service Credit Purchase(s)

See reverse side for purchase conditions and instructions.

RETIREMENT SYSTEM (CHECK ONE) <input type="checkbox"/> Public School Employees <input type="checkbox"/> State Employees <input type="checkbox"/> State Police <input type="checkbox"/> Judges		
<b>Retiring or Terminating Public School and State Employees Only</b> (Check if applicable) <input type="checkbox"/> I have an existing TDP Agreement and wish to apply this transfer to the balance. <i>Note: You must have a Payoff Payment Options for a TDP Agreement form on file with ORS to complete the transfer.</i>		
TYPE OF SERVICE CREDIT BEING PURCHASED (LIST EACH IF MORE THAN ONE)	MEMBER BILLING STATEMENT(S) INVOICE NUMBER(S)	AMOUNT OF PURCHASE
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

## Section II – Plan Administrator

NAME OF INSTITUTION (PLAN ADMINISTRATOR)	TOTAL TRANSFER AMOUNT OR APPROXIMATE VALUE \$
INSTITUTION ADDRESS	CONTACT PERSON
CITY / STATE / ZIP CODE	PHONE NUMBER

## Section III – Certification

I certify that I have verified with my plan administrator that the source of the transfer dollars I am using to purchase service credit is (check any that apply):

QUALIFIED PLAN:     401(a)     401(k)     403(b)     457  
 OR CONDUIT IRA FROM:     401(a)     401(k)     403(b)     457

*I understand that ORS will rely fully on this certification and will not be responsible for any tax consequences relating to this transfer.*

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Conditions and Instructions

## Conditions

- You may transfer pre-tax monies to purchase service credit through the Office of Retirement Services (ORS) from the following qualified plans: Sections 401(a), 401(k), 403(b), 457, as well as a conduit IRA from any of these sources. Money from a traditional IRA **cannot** be transferred.
- You may want to consult with the IRS or your tax advisor for specific tax implications.
- You must have a current *Member Billing Statement* with a valid due date.
- ORS must receive payment from your plan administrator before the due date shown on the *Member Billing Statement*. If it is not paid before the due date, you must request a new billing statement with a recalculated purchase cost.
- Be sure to allow 6-8 weeks for your plan administrator to process your request and remit payment to ORS by the billing statement due date.
- ORS will not accept an amount greater than the amount due on the *Member Billing Statement(s)*.  
*Note:* Some institutions require that accounts be liquidated in these situations. If this is the case, advise the company to send one check to ORS for the exact amount of the purchase. You can have the institution send any excess to an investment company of your choice or directly to you; however, you will be responsible for any taxes and penalties.
- If you are retiring or leaving employment, payment must be received before you terminate your employment. If it is not received by then, your payment will be returned to you and service will not be credited.

If you are retiring or leaving employment and have an existing *Tax-Deferred Payment (TDP) Agreement* that you wish to pay off, you must submit a *Payoff Payment Options* form to ORS. The form and more information on paying off a TDP agreement, is available on our website at [www.michigan.gov/ors](http://www.michigan.gov/ors).

## Instructions

1. Begin the transfer by contacting your plan administrator and following its procedures.  
Payment for exact amount should be made payable to the **State of Michigan** and sent to:  

Office of Retirement Services  
Finance Division  
P.O. Box 30673  
Lansing MI 48909-8173

Your name, last four digits of your social security number, and the invoice number shown on your billing statement should be on the payment.
2. Complete and sign this form.
3. To avoid delays in posting your payment, send this completed form to:

Office of Retirement Services  
P.O. Box 30171  
Lansing MI 48909-7671

Keep a copy for your records.

### State Employees, State Police, and Judges Only

If you are a Defined Benefit plan member with the State Employees', State Police, or Judges Retirement System and CitiStreet is your plan administrator, simply send a copy of this form to:

CitiStreet  
State of Michigan Deferred  
Compensation Plan  
P.O. Box 55497  
Boston, MA 02205-5497