# **Delaware Public Employees Retirement System**

McArdle Building 860 Silver Lake, Blvd. Suite 1 Dover, DE 19904 http://www.delawarepensions.com

Phone: (302)739-4208 Toll-Free: (800) 722-7300 Fax: (302) 739-6129 State Treasurer's Office 820 Silver Lake, Blvd. Dover, DE 19904 (302) 672-6700

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System (**DPERS**) seeking an In-service Trustee-to-Trustee Transfer for the Purchase of Service or Repayment of Withdrawn Contributions.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 n		
credits or the repayment of previously withdrawn		•
submitted, the additional funds will be returned t		
money, I understand that I will be notified by lette	er 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	
Telephone	Email	
State Treasurer's Office Certification		
I hereby certify the above member was a particip	ant in our:	
	n 457(b) Deferred Comper	nsation Plan 🛛 401(a) Match Plan
and the monies being transferred are:		
	Post tax	
In addition, I certify our plan has adopted provisic purchasing permissive service credits to a 401(a) I		
plan indicated above and eligible to be transferre		
Name of Authorized Representative		_
Signature of Authorized Representative		_ Date
If submitting by check please mail along with this	form to: Office of Pensions	
is submitting by check please man along with this	P.O. Box 5518	
	Binghamton, NY 13902-	-5518
If wiring the funds, please send to:	JPMorgan Chase New Y	′ork, NY 10017
	ABA: #021000021	
	Account: #597783239	

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.

Account Name: STATE OF DELAWARE-Pension Investments Account

# WITHDRAWAL AND TRANSFER REQUEST FOR PURCHASE OF GOVERNMENTAL DEFINED BENEFIT PLAN SERVICE CREDIT

Voya Retirement Insurance and Annuity Company ("VRIAC") Voya Institutional Plan Services, LLC ("VIPS") *Members of the Voya® family of companies* PO Box 990063, Hartford, CT 06199-0063 Phone: 800-584-6001 Fax: 800-643-8143



As used on this form, the term "Voya," "Company," "we," "us" or "our" refer to VRIAC or VIPS as your plan's funding agent and/or administrative services provider. Contact us for more information.

### **GOOD ORDER**

Good order is receipt by Voya of your request accurately and entirely completed, including any required supporting documentation, to validate your eligibility for this withdrawal. If your request is approved, it will be processed and payment will be sent within seven (7) calendar days of the receipt of the completed withdrawal request in good order. A corresponding transaction confirmation will be generated. Paperwork not received in good order, as determined by Voya, the Plan Sponsor, and/or an authorized representative of the Plan may be returned to you for correction and will be processed upon resubmission in good order at our designated locations.

## INSTRUCTIONS

This form is used to elect a withdrawal from a Account Holder's employer-sponsored retirement plan account under any of the following plan types for purposes of purchasing service credit under a government Defined Benefit Plan.

- Section 457(b) governmental Deferred Compensation plan; or
- Section 401(a) (including 401(k)) Defined Contribution plan; or
- Section 403(b) Tax Deferred Arrangement.

If you have any questions about this form or the transfer options available to you, please contact a Customer Service Associate at the number listed above, or our local Representative before proceeding.

### **IMPORTANT INFORMATION**

Trustee to Trustee transfers to purchase governmental Defined Benefit Plan service credit are only available to the extent authorized by your employer-sponsored retirement plan. Sections 457(b) governmental, 403(b) and 401(a) Plans are permitted, but not required, to provide for such transfers. We will be unable to process your transfer request unless we have received prior instruction from an authorized Plan Sponsor representative of your employer-sponsored retirement plan. Such transfers, if permitted, are not subject to Federal or State taxes or reporting.

We are not responsible for the application of transferred amounts by the receiving governmental Defined Benefit Plan. **Please make all necessary arrangements with the Defined Benefit Plan, including the completion of service credit purchase paperwork before requesting this transfer.** If your transfer is returned to us by the Defined Benefit Plan, we will credit your Plan account on the date such amount is received. We are not responsible for any lost investment opportunities that may result from failed transfers.

Withdrawals may be subject to a deferred sales charge. For additional information, please refer to your contract prospectus or disclosure booklet.

Withdrawals may be subject to a market value adjustment. For additional information, please refer to your contract prospectus or disclosure booklet.

## **PAYMENT INFORMATION**

Checks will only be made payable to an investment provider or fiduciary of the governmental Defined Benefit plan receiving the transfer, for the benefit of the Account Holder. **We will not honor a request to pay any other party.** Once the paperwork is received in good order and processed, the transfer will be made within seven (7) calendar days or sooner. A corresponding transaction confirmation will be generated and mailed to the Account Holder.

# **OVERPAYMENT RECOVERY**

Voya Retirement Insurance and Annuity Company reserves the right to directly or through a third party recover any payments made in excess of amounts to which you are entitled under the terms of the contract, regardless of the method of payment.

### MAILING INFORMATION

After the paperwork is complete and all required signatures are obtained, the completed paperwork is to be mailed or faxed to the address or number shown on the form.

**KEEP FOR YOUR RECORDS** 

# WITHDRAWAL AND TRANSFER REQUEST FOR PURCHASE OF GOVERNMENTAL DEFINED BENEFIT PLAN SERVICE CREDIT

Voya Retirement Insurance and Annuity Company A member of the Voya® family of companies PO Box 990063, Hartford, CT 06199-0063 Phone: 800-584-6001 Fax: 800-643-8143

#### **1. PLAN INFORMATION** (Please print.)

Plan Name			
Plan #	# Division/Location Code		
<b>2. PLAN TYPE</b> 457(b) Governmental Defined Compensation			
3. ACCOUNT HOLDER INFORMATION			
Name (last, first, middle initial)			
Date of Birth	SSN (Required)		
Resident Street Address or PO Box			
City	State ZIP		
Work Phone (Include extension.)	Home Phone		
4. DISTRIBUTION ELECTIONS (Complete Pe			
🗹 Service Buy Back Withdrawal and Transfer to	o Governmental Defined Benefit Plan		
Percent to Transfer% Dollar	to Transfer \$		
Special Instructions			
<b>5. TRANSFER INSTRUCTIONS</b> (This section benefit transfer.)	is used to identify the Governmental Defined Benefit Plan that will receive the		
Contract #	Plan # (if applicable)		
	e of investment provider or fiduciary of the Governmental Defined Benefit Plan receiving the transfer.)		
For the Benefit of (Indicate Account Holder name	e./		
6. MAILING INFORMATION			
	Account #		
Address (# & street/PO box)			
City	State ZIP		
Additional Instructions			
7. ACCOUNT HOLDER AUTHORIZED SIGN	ATURE (To be completed by the Account Holder.)		
plan per the above instructions. Under penalties of p	fits to the fiduciary (or its designated party) of the recipient government defined benefit erjury I declare that, to the best of my belief, the information on this form is true, correct om my employer or the recipient government defined benefit plan has been attached.		
It is understood that the furnishing of this form by t	he Company does not constitute an admission that there is any policy in force.		
Account Holder Signature			
Account Holder SSN	Your form will NOT be processed without Signature, Date and SSN completed.		

**KEEP A COPY FOR YOUR RECORDS** 

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