11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 fax – 503-598-0561
Website – https://oregon.gov/pers

Individual Account Program (IAP)
Beneficiary Non-Spouse Rollover-Eligible Distribution

Important: Read instructions before you complete and submit the enclosed form.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Do not change anything on the form; alterations may void the form.
- Sign and date the statement at the bottom of the form. Deliver, and mail or fax the form to PERS.

Section A: Applicant information

Fill in the personal information block in Section A completely.

Section B: Payment type

Check **yes or no** on the line to indicate if you are submitting this application to change your distribution election.

Section C: Authorization for distribution

You may only select one of the check boxes in this section. If you check more than one, we will return this form to you. This could delay your distribution date.

If you want	then	and
your total distribution sent directly to you	check box **C1**	**go directly to Section F.**
to roll over all or part of your distribution to an **inherited** traditional IRA	check box **C2**	**complete Sections D, E, and F.**
to roll over all or part of your distribution to an **inherited** Roth IRA	check box **C3**	**complete Sections D, E, and F.**

If you elect C1
Unless you indicate otherwise on the W-4R Beneficiary Lump Sum Withholding form, PERS will withhold 20 percent federal tax and 8 percent Oregon state tax from your direct payment. If you do not want Oregon taxes withheld, or if you want additional federal or Oregon taxes withheld, please complete the W-4R Beneficiary Lump Sum Withholding form.

If you elect C2 or C3
A check will be mailed to your address with the financial institution you name in Section E printed on the check as payee. You must deliver the check to the financial institution. If you elect to have less than 100 percent of your distribution rolled over in Section D, the balance will be paid directly to you by a separate check with taxes withheld as described above under C1.

Section D: Rollover directions

Fill out this section if you are rolling over all or part of your distribution to an inherited traditional IRA or inherited Roth IRA. You may roll only to an established inherited traditional IRA or inherited Roth IRA. For more information on inherited IRAs, please consult with a financial advisor.

You must supply the name and contact information of your IRA custodian or trustee. Provide this information on the appropriate line in Section E.

If you want	then	and
to roll over 100 percent of your distribution	check box **D1**	**proceed to Section E.**
to roll over only a percentage of your distribution	check box **D2**	**enter the percentage you want to roll over.**
to roll over a specific amount of your distribution	check box **D3**	**enter the dollar amount you want to roll over.**

Section E: Destination of rollover

Fill out this section if you completed Section D.

Enter the name of the financial institution your funds will be rolled over to on the “Payee name” line.

Enter the account title/name and the account number. **It is very important to provide your rollover account number for your funds to be correctly deposited to your account. Contact your financial institution for your account number.** If your financial institution is unable to provide you an account number, complete this field with the last four digits of your social security number.

Fill out completely.

Section F: Applicant signature

You must sign this application. Unsigned forms will be returned, which will delay your request.

OREGON PERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

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13010

Individual Account Program (IAP) Beneficiary Non-Spouse Rollover-Eligible Distribution

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms will be returned to applicant. This could delay your request.)

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)			Social Security number (SSN)*
City	State	ZIP code	Country
Home phone number	Work phone number	Cell phone number	Personal email

Section B: Payment type

Is this a change to your distribution election? (Check one) ❑ Yes ❑ No

Section C: Authorization for distribution

Check only one box.

C1. ❑ I elect to have my entire rollover-eligible payment distributed directly to me. **(Go directly to Section F.)**
C2. ❑ I elect to have all or part of my rollover-eligible payment distributed to an inherited traditional IRA.
C3. ❑ I elect to have all or part of my rollover-eligible payment distributed to an inherited Roth IRA.
(If you check box **C2** or **C3**, you must also **complete Sections D, E, and F.)**

Section D: Rollover directions

Indicate how you would like your payment distributed.

D1. ❑ Roll over 100 percent of my payment.
D2. ❑ Roll over __________ percent of my payment. (Note: The balance will be paid directly to the applicant.)
D3. ❑ Roll over $ _______________ of my payment. (Note: The balance will be paid directly to the applicant.)

Section E: Destination of rollover

Payee name	
Contact person	Plan phone number
Account title/name	Account number **(Required. See instructions)**

Section F: Applicant signature (Required)

This election revokes all prior elections and will remain in effect until revoked.

_______________________________ _______________________
Signature (do not print) Date

Office use only
☐ IAP ☐ EPSA
☐ Member ☐ Alternate payee

Member's PERS ID	

***Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It may also be used for confirmation purposes or recovery of overpaid funds.**

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling **888-320-7377** or **TTY 503-603-7766.**