



## Public Safety Personnel Defined Contribution Retirement Plan (PSPDCRP)

### Member Rollover/Transfer Acknowledgement Form

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**APPLICANT INFORMATION:**

Member Full Name (Please Print) \_\_\_\_\_

Mobile Number \_\_\_\_\_ Last Four #s of Social Security: \_\_\_\_\_

Agency \_\_\_\_\_ Department \_\_\_\_\_

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**ACKNOWLEDGMENT:**

Please review and initial each of the following:

\_\_\_\_\_ I understand the Defending Public Safety Employees' Retirement Act may allow me to make withdrawals from the PSPDCRP without a 10% federal tax penalty prior to age 59 ½.

\_\_\_\_\_ I understand by rolling or transferring my PSPDCRP account to another employer's qualified retirement plan or a rollover IRA account, I may forfeit the early withdrawal benefits provided by the Defending Public Safety Employees' Retirement Act and any subsequent withdrawals from these accounts may be restricted or subject to 10% federal tax penalties, ordinary taxes, and state premium taxes (if applicable).

\_\_\_\_\_ I understand that I am responsible for all tax obligations which could arise from this rollover or transfer, and for the compliance with the laws, regulations and restrictions governing future withdrawals attributed to these funds.

\_\_\_\_\_ I am aware the PSPDCRP offers a guaranteed fixed interest investment option, and that by closing my PSPDCRP account, I will forfeit all rights to this or any other investment options available in the PSPDCRP.

\_\_\_\_\_ I am aware that the PSPDCRP offers various annuities.

\_\_\_\_\_ I am aware that I am eligible to rollover or transfer funds back to the PSPDCRP if I maintain a minimum \$100 balance and understand if I authorize a full transfer/rollover out of the PSPDCRP, I cannot rollover or transfer funds back into the PSPDCRP.

\_\_\_\_\_ I understand that Public Safety Personnel Retirement System (PSPRS) has partnered with Public Safety Financial/Galloway (PSF/Galloway) to provide members with complimentary financial advice and as a PSPRS member I have access to this service. PSF/Galloway can be reached at 1-877-Squad51 or [www.Galloway911.com](http://www.Galloway911.com). Members are always free to seek counseling and advice from any person or firm they choose. PSPRS does not endorse any fee-based, asset management services offered by any person or member firm.

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*By signing below, I certify that I understand the information provided on this form.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Name (Print)**

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*By signing below, I represent that I have reviewed all the information above with the applicant.*

\_\_\_\_\_  
**Agent/Financial Advisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agent/Financial Advisor Name (Print)**