



# County of San Diego Request for Purchase of Service Credit

Use this form to purchase retirement service credit in an eligible public retirement system with assets from your County of San Diego Deferred Compensation Plan.

- Complete this form and return it early enough that it is received prior to the date your retirement system states the payment is due.
- Processing of the request will result in a check being sent **to you** at the address provided on this form. Allow 5-10 business days from process date for delivery.
- **Include a copy of the documentation provided by your retirement system regarding your Request for Purchase of Service Credit.** Failure to provide the request package, including this form and the documentation provided by your retirement system, completed in its entirety will cause a delay in processing.
- It is your responsibility to submit this check, your completed contract from your retirement system and the release form signed by the authorized signer from the County's Deferred Compensation Office (1600 Pacific Highway, Room 102, San Diego, CA 92101) to your retirement system by their deadline to complete the process.

Withdrawals for Purchase of Service Credit are subject to regulations and requirements specific to defined contribution plans. Requirements and conditions of approval are not solely based on the County of San Diego Deferred Compensation Plan. Some mutual funds may impose a short term trade fee. Please read the underlying prospectuses carefully.

### Personal Information

Plan Name: <b>County of San Diego Deferred Compensation Plan</b>		Plan ID: <b>0046649001</b>
Name:		
SSN/Account#:	Date of Birth:	Primary Phone:
Email:		
How would you like to be contacted if additional information is required? <input type="checkbox"/> Phone <input type="checkbox"/> Email		

### Purchase of Service Credit Information

**Purchase from (select one):**  457(b)  401(a)

Pursuant to the enclosed documentation from my retirement system and for the purpose of purchasing retirement service credit, I hereby authorize the transfer of my Deferred Compensation Plan assets in the amount of:

\$ \_\_\_\_\_

**The check should be made payable to (select one):**

San Diego County Employees Retirement Association (SDCERA)  
FBO: Participant's Name

Another Retirement System (name of system): \_\_\_\_\_  
FBO: Participant's Name

**Overnight Option:**

Overnight my Purchase of Service Credit check. I understand a \$25 fee will be charged to my account for this service and that someone must be available to sign to accept this check.

### Authorization Signatures

I authorize the County of San Diego Deferred Compensation Plan to draft a check for the amount elected above to the indicated retirement system for the purchase of service credit.

<b>Participant Signature:</b>	<b>Date:</b>
<b>Deferred Compensation Plan Representative:</b>	<b>Date:</b>

### Form Return

**By mail:** County of San Diego, Office of Deferred Compensation  
1600 Pacific Hwy, Room 102, San Diego, CA 92101

**By email:** [DeferredComp@sdcounty.ca.gov](mailto:DeferredComp@sdcounty.ca.gov)