



South Dakota Retirement System Supplemental Retirement Plan

Direct Rollover/Transfer Request For Incoming Assets

SDRS Supplemental Retirement Plan • 222 East Capitol Ave. Ste. 1 • Pierre, South Dakota 57501-2564 • (605) 224-2230

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Please complete all sections of this form. All information on this document must be completed and returned to SDRS Supplemental Retirement Plan in order to be processed. If you require assistance in completing this form or need additional information, please contact us (605) 224-2230 or (800) 959-4457.

Section I: Personal Information

Name: _____
 SSN: _____ Date of Birth: _____ Primary Phone: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Email: _____

How would you like to be contacted if additional information is required? Phone Email

Section II: Rollover/Transfer Funds From

Plan Type: 401(a) Plan 401(k) Plan 403(b) Plan 457 Plan IRA 457 Spousal Benefit
 Carrier/Custodian Name: _____
 Account Number: _____ Contact Name: _____
 Street Address: _____
 City: _____ State: _____ ZIP: _____
 Phone Number: _____

If you are transferring from an employer sponsored eligible retirement plan [401(a), 401(k), 403(b), or 457], please complete the information below:

I have separated from service from my previous employer on _____ (date).
 Previous Employer's Signature: _____ Date: _____

Section III: Rollover/Transfer Funds To

Make check payable to:
 SDRS Supplemental Retirement Plan, For the Benefit of _____
 222 E. Capitol Avenue, Ste. 1 _____ (Participant Name, SS#)
 Pierre, SD 57501

Plan Type: 457 Plan 401(a) Plan **Amount To Rollover/Transfer:**
 Partial Dollar Amount: \$ _____
Select Transaction: Rollover Transfer Total Account Balance

Section IV: Investment Direction to Nationwide Retirement Solutions

- Credit my rollover/transfer according to the current allocation on file
- Credit my rollover/transfer as listed below

Investment Option(s)	Percent

Note: If you do not indicate your allocation choices or if you select closed investment alternatives, your rollover will be credited to the Prudential Guaranteed Interest Contract.

Must Total 100%

Section VI: Authorization

I understand that my direct rollover or transfer will become subject to the terms and conditions of the plan.

I certify that I satisfy the requirements for making a tax-free rollover/transfer into an eligible retirement plan. SDRS Supplemental Retirement Plan and NRS are entitled to rely fully on my certification. I expressly assume responsibility for tax consequences relating to this rollover/transfer, and I agree that NRS shall not be responsible for those tax consequences. Upon receipt, I hereby request my funds to be invested as directed on this form.

Nationwide Retirement Solutions hereby agrees to accept the direct rollover/transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account established on behalf of the individual's eligible employer.

Participant Signature: _____ **Date:** _____

Registered Principal Signature: _____ **Date:** _____

Form Return

Upon completion of this form, please return the original signed document to:

SDRS Supplemental Retirement Plan
222 E. Capitol Avenue, Ste. 1
Pierre, SD 57501