



**South Dakota Retirement System
Supplemental Retirement Plan
Direct Rollover/Transfer Request
For Incoming Assets**

SDRS Supplemental Retirement Plan • 222 East Capitol Ave. Ste. 8 • Pierre, South Dakota 57501-2564 • (605) 224-2230

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:
Current Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Email Address:	

Section II: Rollover/Transfer Funds From

Plan Type : <input type="checkbox"/> 401(a) Plan <input type="checkbox"/> 401(k) Plan <input type="checkbox"/> 403(b) Plan <input type="checkbox"/> 457 Plan <input type="checkbox"/> IRA <input type="checkbox"/> 457 Spousal Benefit	
Carrier/Custodian Name:	
Account Number:	Contact Name:
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. 8 (Participant Name, SS#)
Pierre, SD 57501

Plan Type: 457 Plan 401(a) Plan

Select Transaction: Rollover Transfer

Amount To Rollover/Transfer:
 Partial Dollar Amount: \$ _____
 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. 8
Pierre, SD 57501