



Oklahoma Municipal Retirement Fund INTER-PLAN ROLLOVER FORM

Form for rollover transfers from a previous Member City's Plan to your current Member City's Plan

PARTICIPANT INFORMATION (please print clearly)

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____ DATE OF BIRTH: ____/____/____

CURRENT EMPLOYER INFORMATION

EMPLOYER NAME: _____ PLAN NUMBER: _____

PREVIOUS EMPLOYER INFORMATION

EMPLOYER NAME: _____ PLAN NUMBER: _____

SIGNATURES REQUIRED

- I certify that I am eligible for distribution from my previous employer's Plan. I understand that these funds will be transferred to a rollover source in my new Plan and will be eligible for distributions.
- I hereby request a transfer in full of my account balances (excluding loan balance) in the Plan under my previous employer to my account with my current employer. I understand my investment fund balance(s) from the previous Plan will be transferred to the same investment funds as in my current Plan and my outstanding loan, if applicable, will be deemed a distribution.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Please submit your completed form by fax or mail:

VIA FAX:

Voya Financial
Attn: OkMRF
1-844-206-7965

VIA MAIL:

Voya Financial
Attn: OkMRF
P.O. Box 24747
Jacksonville, FL 32241-4747

OVERNIGHT DELIVERY:

Voya Financial
Attn: OkMRF
8900 Prominence Parkway
Jacksonville, FL 32256-8264

If you have any questions or need to obtain additional Plan or account information, please go online at <http://okmrforg.voya.com> or call OkMRF at 1-888-394-6673 ext. 102 or 103 Monday through Friday, 8:00 A.M. to 5:00 P.M. Central Time.