



PERSONAL INFORMATION (Please print clearly using black or blue ink)

NAME OF PLAN: (Employer)
NAME: (First) (Middle) (Last) (Suffix)
SOCIAL SECURITY NUMBER: DATE OF BIRTH: GENDER:
HIRE DATE: SERVICE CREDIT DATE:
PRIMARY PHONE: EMAIL ADDRESS:
MAILING ADDRESS: (PO Box or Number and Street) (City, State and Zip Code)

EMPLOYEE TRANSFER INFORMATION

CURRENT DEPARTMENT, CLASSIFICATION OR CATEGORY:
INELIGIBLE DEPARTMENT, CLASSIFICATION OR CATEGORY:
EFFECTIVE DATE OF TRANSFER:

TRANSFER OPTIONS (Initial one item)

I hereby give notice of my transfer to another department, classification or category within my Employer so that I am no longer eligible to participate in this Plan, and understand that my participation in this Plan will cease and I will be subject to the following rules and requirements relating to this Plan and my rights and benefits hereunder:

RULE 1. If I am vested under this Plan as of the date of my employment transfer, such transfer date will be treated as my final date of Service credit under the plan. I understand that my pension payments will not be payable until I no longer work for this employer; unless I reach my Normal Retirement Age while in a full-time status and immediately go to a part-time status.

RULE 2. If I am not eligible for a pension under this Plan as of the date of my employment transfer, my contribution accumulation (if any) will remain in the Fund and continue to accrue interest. I will not continue to accrue Service credit for the purpose of meeting eligibility requirements for benefits under this Plan or for the purpose of computing benefits under this Plan. I understand that my contribution accumulation will not be distributed to me until after my final termination of employment with the Employer.

Date

Participant's Signature

Regarding the transferred Participant the following rule applies

- Rule 1 applies and he/she will complete the necessary retirement application forms; or
Rule 2 applies and he/she will NOT be eligible to request a contribution refund until employment terminates.

Date

Authorized Agent for the Retirement Committee