



# 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: \_\_\_\_\_

**CURRENT 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:

<b>VIA FAX:</b> Voya Financial Attn: OkMRF 1-844-206-7965	<b>VIA MAIL:</b> Voya Financial Attn: OkMRF P.O. Box 389 Hartford, CT 06141	<b>OVERNIGHT DELIVERY:</b> Voya Financial Attn: OkMRF One Orange Way Windsor, CT 06095
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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.