

## Oklahoma Municipal Retirement Fund ROLLOVER CONTRIBUTION FORM

PERSONAL INFORMATION (please print clearly using black or blue	ink)			
NAME:	s	SOCIAL SECURITY NUMBER:		
ADDRESS:			APT:	
CITY:	ST/	ATE:	ZIP CODE:	
DAY PHONE:	EVENING PHONE:			
E-MAIL:		D/	ATE OF BIRTH:	_//
EMPLOYER NAME:				

## **INSTRUCTIONS**

- 1. Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check. You will need to provide the correct payee information for your rollover. The rollover check should be mailed directly to you and payable as follows:
  - Voya Institutional Trust for the benefit of (F.B.O.) (Your Name)
- 2. Obtain required documentation. Your former employer or financial institution should provide you with proof of plan qualification and taxability. Proof of plan qualification status is typically documented in a copy of the plan's IRS Letter of Determination, a signed letter from your employer or prior Plan Administrator and/or your rollover distribution statement. Proof of taxability is typically documented in your rollover distribution statement.
- 3. Write the last four digits of your Social Security Number on the rollover check.
- 4. Personal checks will not be accepted and will be returned to you.
- 5. If these rollover funds are a result of a Qualified Domestic Relations Order (QDRO), Voya will need proof of this in order to post these funds to the correct Rollover source so that the funds will not be subject to the early withdrawal penalty.

PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION MAY RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT OR THE RETURN OF YOUR APPLICATION AND / OR CHECK.

## PROOF OF PLAN QUALIFICATION AND TAXABILITY

**Plan qualification:** Your rollover contribution to the Oklahoma Municipal Retirement Fund must be from another qualified plan or IRA. The Oklahoma Municipal Retirement Fund accepts rollover contributions from a 401(a) plan, 401(k) plan, 403(b) plan, 457(b) governmental plan, profit sharing plan, defined benefit plan or Rollover IRA, etc. If you choose to rollover an eligible plan payment that was paid to you, it will be treated as an indirect rollover which must be completed within 60 days after you received the payment.

Important note regarding the 60-day rollovers: If a portion of the rollover is attributable to a qualified plan loan offset amount, then the deadline for rolling over that loan offset amount is the due date (including extensions) for filing the Federal income tax return for the tax year in which the plan loan offset occurs. A "qualified plan loan offset amount" is the amount by which an employee's account balance under the plan is reduced to repay a loan from the plan, and is treated as distributed from a 401(a)-qualified plan, a 403(b) plan, or a governmental 457(b) plan solely by reason of a) the termination of the plan, or b) failure to meet the repayment terms of the loan because of the employee's separation from service (whether due to layoff, cessation of business, termination of employment, or otherwise).

Taxability: You must provide documentation that details the taxability of the funds to be rolled over indicating: pre-tax or after-tax if applicable.

You may need to contact your former employer, plan administrator, or financial institution to provide you with this information which must accompany this application and rollover check.

INVESTMENT FUND ELECTIONS					
I elect to make a rollover contribution to the Oklahoma Municipal Retirement Fund in the amount of: \$ Your rollover contribution will be allocated to your current investment elections on file.  Please indicate Employer Name:					
If you do not have investment elections on file, your rollover contribution allocation will default to the appro	priate Target Date Fund.				
PARTICIPANT AUTHORIZATION					
I certify that the amount of my rollover contribution represents only money that is eligible to be rolled Fund. If any of the money is subsequently determined to be ineligible for rollover, I understand that the and any attributable earnings, if applicable.					
PARTICIPANT SIGNATURE: DATE:					
If you have any questions, please go online at http://okmrforg.voya.com or call the Oklahoma Municipal Retirement Fund Service Center at 1-844-466-5673. Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).					
CHECKLIST					
PLEASE REVIEW YOUR APPLICATION CAREFULLY.	If your application is complete, please				
Completed the Personal Information section, and	mail the application and any required documentation to:				
Contacted your former employer or financial institution, and	VIA MAIL				
☐ Included your rollover check (made payable to Voya Institutional Trust F.B.O.( your name)), and	Voya Financial Attn: Oklahoma Municipal Retirement Fund				
Included proof of plan qualification documenting the source of your rollover contribution such as: 401(a), 401(k), 403(b), or 457 (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), <b>and</b>	PO Box 990071 Hartford, CT 06199				
Included proof of taxability detailing the taxability of funds to be rolled over such as: pre-tax, non-Roth, after-tax. (Letter from plan's prior record keeper, and/or rollover distribution statement), and	VIA OVERNIGHT DELIVERY  Voya Financial  Attn: Oklahoma Municipal Retirement Fund				
☐ Signed and dated the Rollover Contribution form	One Orange Way Windsor, CT 06095				
If your rollover check or any of the above required information or documentation is missing					