

## PERSONAL INFORMATION (please print clearly)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

457 PLAN       403(b) PLAN      SCHOOL DISTRICT PLAN NUMBER: \_\_\_\_\_ (Not required)

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS

- 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:
  - CalSTRS Pension2 Plan for the benefit of (F.B.O.) (Your Name)
- 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.
- Write the last four digits of your Social Security Number on the rollover check.

**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 PRIOR PLAN QUALIFICATIONS AND TAXABILITY

**Plan qualification:** Your rollover contribution to the CalSTRS Pension2 Program must be from another qualified plan or IRA. The CalSTRS Pension2 Program accepts rollover contributions from a 401(a)/(k), 403(b), governmental 457 deferred compensation plan or traditional IRA. 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).

**Note:** If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Please include a copy of your rollover distribution statement from your former plan PLUS documentation providing the start date and total amount of your Roth contributions.

**Taxability:** You must provide documentation that details the taxability of the funds to be rolled over indicating: pre-tax, non-Roth, after-tax, designated Roth.

**INVESTMENT FUND ELECTIONS**

I elect to make a rollover contribution to the CalSTRS Pension2 Program in the amount of \$\_\_\_\_\_. My rollover contribution will be allocated to my current investment elections already on file.

If you have not designated fund elections, your rollover contribution allocation will default to Voya Fixed Plus III<sup>1</sup>. Please refer to the Plan Highlights and Fund Fact Sheets located at Pension2.com for additional information about the CalSTRS Pension2 Program, Voya Fixed Plus III<sup>1</sup> and the mutual fund investment. If you would like to make changes to your fund elections on file, please go online at calstrspension2.voya.com or contact a Customer Service Associate at 844-353-2872. Customer Service Associates are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

**AUTHORIZATION**

*I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the CalSTRS Pension2 Program. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.*

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If you have any questions, please go online at Pension2.com or call the CalSTRS Pension2 Service Center at 1-844-353-2872 (TTY/TTD users call 1-800-468-5449). Customer Service Associates are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Completed the Personal Information section, **and**
- Contacted your former employer or financial institution, **and**
- Completed the Investment Fund Elections section, **and**
- Included your rollover check (made payable to CalSTRS Pension 2 Plan F.B.O. (Your Name)), **and**
- Included proof of plan qualification documenting the source of your rollover contribution such as: 401(k), 403(b), 457 or IRA (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), **and**
- Included proof of taxability detailing the taxability of funds to be rolled over such as: pre-tax, non-Roth, after-tax, designated Roth. (Letter from plan's prior record keeper, and/or rollover distribution statement), **and**
- Signed and dated the Rollover Contribution form
- Acquired Third Party Administrator and/or Employer authorized signature or approval certification.

**If your rollover check or any of the above required information or documentation is missing from your application, there will be a delay in processing your rollover contribution and your application and/or check may be returned to you.**

**If your application is complete, please mail the application to:**

**VIA MAIL**

Voya Financial  
Attn: CalSTRS Pension2 Plan Administration  
PO Box 990071  
Hartford, CT 06199

**VIA OVERNIGHT DELIVERY**

Voya Financial  
Attn: CalSTRS Pension2 Plan Administration  
One Orange Way  
Windsor, CT 06095

<sup>1</sup> Voya Fixed Plus III is offered through a group annuity contract issued by Voya Retirement Insurance and Annuity Company, P.O. Box 990063, Hartford, CT 06199-0063.

**EMPLOYER OR PLAN SPONSOR AUTHORIZED SIGNATURE AND CERTIFICATION** (This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer)

**I am an Employer or Plan Sponsor of the Plan identified above and certify the following:**

- I have read and agree to terms of the request;
- I have verified the Participant's eligibility for such request and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

**AUTHORIZED SIGNER NAME (PLEASE PRINT)** \_\_\_\_\_

**AUTHORIZED SIGNER SIGNATURE** \_\_\_\_\_ **DATE (MM/DD/YYYY)** \_\_\_\_\_

**THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION** (This section must be completed if required by the Employer )

**I am employed as a Third Party Administrator of the Plan identified above and certifying the following:**

- I have read and agree to terms of the request;
- I have verified the Participant's eligibility for such request and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

**NAME OF TPA FIRM** \_\_\_\_\_

**AUTHORIZED SIGNER NAME (PLEASE PRINT)** \_\_\_\_\_

**AUTHORIZED SIGNER SIGNATURE** \_\_\_\_\_ **DATE (MM/DD/YYYY)** \_\_\_\_\_