

1. Information about you

Last name	First name	MI	Account ID or SSN
Mailing address - number and street			
City		State	Zip code
Home phone	Work phone		

Check here if this is an address change

2. Rollover information

I elect a direct rollover of:

- Pre-tax amounts from a qualified retirement Plan including a 401(a), 401(k), 403(b) or Traditional IRA
- Pre-tax amounts from a governmental 457(b) Plan from Previous employer Current employer
- Roth after-tax amounts from a qualified retirement Plan including a 401(a), 401(k), 403(b)
- Roth after-tax amounts from a governmental 457(b) Plan from Previous employer Current employer

Note: If rolling over Roth after-tax amounts, you must attach a Tax Distribution Statement from your former plan which will provide documentation of the date of your first Roth contribution and the Total Dollar Amount of your Roth after-tax contributions.

3. Previous plan provider information

Company name _____ Account number _____

Company mailing address _____

City _____ State _____ Zip code _____ Phone number _____

Please contact your Plan provider to request any required forms they may need completed or to receive information about penalties or fees.

4. Amount of rollover

\$ _____ (Enter approximate amount if exact amount is not known)

5. Investment option selection

Please select from one of the following two investment option paths. Refer to the *Plan Now* brochure for more details.

SIMPLIFY INVESTING WITH A TARGET RETIREMENT FUND

Target Retirement Funds are designed to simplify retirement investing. If you don't have the time or experience to manage your own investment strategy, consider a Target Retirement Fund. The Target Retirement Fund stays on track with your retirement timeline based on the target retirement date you select.

I elect the following Target Retirement Fund	If you plan to retire in the years below...	the Target Retirement Fund below may be right for you
<input type="checkbox"/>	Immediately	MN Target Retirement Income Fund (14)
<input type="checkbox"/>	2014 - 2015	MN Target Retirement 2015 Fund (15)
<input type="checkbox"/>	2016 - 2020	MN Target Retirement 2020 Fund (16)
<input type="checkbox"/>	2021 - 2025	MN Target Retirement 2025 Fund (17)
<input type="checkbox"/>	2026 - 2030	MN Target Retirement 2030 Fund (18)
<input type="checkbox"/>	2031 - 2035	MN Target Retirement 2035 Fund (19)
<input type="checkbox"/>	2036 - 2040	MN Target Retirement 2040 Fund (20)
<input type="checkbox"/>	2041 - 2045	MN Target Retirement 2045 Fund (21)
<input type="checkbox"/>	2046 - 2050	MN Target Retirement 2050 Fund (22)
<input type="checkbox"/>	2051 - 2055	MN Target Retirement 2055 Fund (23)
<input type="checkbox"/>	2056 or later	MN Target Retirement 2060 Fund (24)

- OR -

CHOOSE YOUR OWN INVESTMENT MIX

This approach may be attractive to those who would like to create their own investment strategy. Simply choose from the available investment options and design your own unique portfolio.

Investment Option Name	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % T. Rowe Price Small-Cap Stock Fund (13)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Fidelity Diversified International Fund (12)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Vanguard Total International Stock Index Fund (25)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Vanguard Mid Cap Index Fund (10)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Janus Twenty Fund (09)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Vanguard Institutional Index Fund (07)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Vanguard Balanced Index Fund (05)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Dodge & Cox Income Fund (04)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % Vanguard Total Bond Market Index Fund (03)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % SIF Fixed Interest Account (01)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	0 % SIF Money Market Account (02)

Must total 100%

Please refer to the *Plan Now* brochure for more information regarding each investment option including potential redemption fees and restrictions.

If Investment Options are not selected, the **default** investment option is a Target Retirement Fund based on your date of birth and your retirement year at age 65.

6. Required authorization (please sign below)

My signature acknowledges that I have received, read, understand and agree to all pages of the *Incoming Direct Rollover* form and guide and affirms that all information I have provided is true and correct. I understand that only certain types of distributions are eligible for rollover and that it is solely my responsibility to ensure such eligibility. I affirm that the funds I am rolling over are in fact eligible for such treatment. I authorize these funds to be rolled into my employer's Plan and to be invested according to the information specified in the *Investment Option Selection* section. I have also received all informational material detailing the general Plan features, the investment options offered and any and all administrative charges and fees which may be deducted from the account(s) maintained on my behalf. I understand that my rights under the Plan shall be governed by the terms and conditions of the Plan Document pursuant to Minnesota Statute § 352.965, the Code, and all applicable federal laws, rules and regulations.

My signature authorizes my Plan provider stated in section 3 of this form to liquidate my account assets and disburse proceeds to MNDCP at the address referenced below.

Data collected on this form will be used by MSRS staff for identification and documentation. The individual's Social Security number, birth date and address are classified as private and will not be shared with an unauthorized person without written consent.

Participant Signature _____ Date _____ / _____ / _____
Month Day Year



60 Empire Drive | Suite 300 | St. Paul, MN 55103-3000
Telephone: 651-296-2761 | Toll-free: 1-800-657-5757 | Fax: 1-888-998-8957
www.msrs.state.mn.us

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users should call the Minnesota Relay Service at 1-800-627-3529 and ask to be connected to MSRS at 651-296-2761.

Incoming Direct Rollover Guide

General Information

Employees who are eligible to contribute to MNDCP may directly rollover eligible pre-tax money or Roth after-tax money into the Plan. Incoming rollover monies do not count towards the annual contribution limits.

If your employer has not adopted the MNDCP Roth 457, you may not rollover Roth after-tax money into the plan.

A direct rollover is non-taxable, although a 1099 form will normally be issued by the previous Plan provider to be filed with your tax forms.

Some Plan providers require distribution paperwork to be completed. You should contact that Plan provider to request any required forms or receive information about penalties or fees they may incur.

Upon receipt of the *Incoming Direct Rollover* form, MSRS will send a letter of Acceptance and a copy of the completed form to the previous Plan provider.

Examples of eligible Plans

- Prior Employer Sponsored Plans (401(k), 403(b), 401(a), 457(b), TSP)
- Traditional IRA, Simple IRA (not participated in Plan for two years)
- **Not eligible for rollover:** Roth IRA, Coverdell Education Savings Accounts

If the form is in good order, the request is processed on the business day of receipt. The timeline for receipt of incoming rollover monies varies from provider to provider.

Generally, the previous Plan provider will only speak with you regarding the status of your rollover. You are responsible for follow-up with the previous Plan provider.

Investment Election Acknowledgement

I understand that if I fail to complete the *Investment Option Selection* section, MSRS will allocate any contribution I defer to the default investment option selected by the Plan until such time that I request a future allocation change. I understand that the Plan has established the Target Retirement Fund that uses my date of birth and the assumption that I will retire at age 65 to determine my appropriate Target Retirement Fund.

I certify that I have made all decisions pertaining to the investment options of my own free will. Representatives of MSRS, the Plan's Third Party Administrator, ING, or the MSRS Board made no efforts to influence my decisions.

I agree to hold harmless the State of Minnesota, the Plan and MSRS Board from and against any and all liability for my selection of investment options in the Plan and performance of the investment options in the Plan. The provisions of this paragraph shall remain in full force and effect notwithstanding the closure of my account in the Plan.

I understand and acknowledge that account values may not be guaranteed and may fluctuate. Upon redemption, shares may be worth more or less than their original cost. I understand that the funds may impose redemption fees or charges if assets are held less than the period stated in the fund's prospectus or other disclosure documents.

Account Acknowledgement

I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate to MSRS within 60 calendar days of the last calendar quarter end. After 60 days, account information shall be deemed accurate and acceptable to me. If I notify MSRS of an error after this 60 day period, the correction will only be processed from the date of notification forward and not on a retroactive basis.

OFAC

I understand that MSRS is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of Treasury (OFAC). As a result, MSRS cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please visit the OFAC website at www.ustreas.gov/offices/enforcement/ofac

Submitting this Form

1. Mail or fax the completed form to the address/fax number indicated below.

Minnesota State Retirement System (MSRS)
60 Empire Drive, Suite 300
St. Paul, MN 55103-3000
Fax: 1-888-998-8957

2. MSRS will send the previous plan provider a copy of this form, along with an acceptance letter.

3. Rollover checks should be made payable to MNDCP.

4. You will receive a confirmation letter once funds have been received by MSRS and applied to your MNDCP account.