



1. Information about you

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

Check here if this is an address change

2. Rollover information

I elect a direct rollover of:

Pre-tax amounts

- From a qualified employer-sponsored retirement Plan including a 401(a), 401(k), 403(b) or from a Traditional IRA
- From a governmental 457(b) Plan from Previous employer Current employer

Roth after-tax amounts

- From a qualified employer-sponsored retirement Plan including a 401(a), 401(k), 403(b)
- From a governmental 457(b) Plan from Previous employer Current employer

Roth after-tax amounts:
 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

- Full liquidation **OR** Partial amount \$ _____

5. Investment option selection

Please select from one of the following two investment option paths.

ELECTION A - SIMPLIFY INVESTING WITH A TARGET RETIREMENT FUND

If you don't have the time or experience to manage your own investment strategy, Target Retirement Funds are designed to simplify investing. By selecting a Target Retirement Fund, you are designating 100 percent of your contributions to that particular fund.

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
<input type="checkbox"/>	2021 - 2025	MN Target Retirement 2025 Fund
<input type="checkbox"/>	2026 - 2030	MN Target Retirement 2030 Fund
<input type="checkbox"/>	2031 - 2035	MN Target Retirement 2035 Fund
<input type="checkbox"/>	2036 - 2040	MN Target Retirement 2040 Fund
<input type="checkbox"/>	2041 - 2045	MN Target Retirement 2045 Fund
<input type="checkbox"/>	2046 - 2050	MN Target Retirement 2050 Fund
<input type="checkbox"/>	2051 - 2055	MN Target Retirement 2055 Fund
<input type="checkbox"/>	2056 - 2060	MN Target Retirement 2060 Fund
<input type="checkbox"/>	2061 or later	MN Target Retirement 2065 Fund

- OR -

ELECTION B - CHOOSE YOUR OWN INVESTMENT MIX

If you wish to design your own investment portfolio, simply choose from the available investment options.

Investment Option Name	
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	T. Rowe Price Small-Cap Stock Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Fidelity Diversified International Comingled Pool
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Vanguard Total International Stock Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Vanguard Mid Cap Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Vanguard Institutional Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Vanguard Dividend Growth Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Vanguard Balanced Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Dodge & Cox Income Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Vanguard Total Bond Market Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Stable Value Fund
<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 %	Money Market Fund

Must equal 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 MNDP 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



Important

An incomplete form, insufficient documentation, or check with incorrect payee information may result in a delay in posting rollover funds to your account or the return of your form and/or check.



Contact the MSRS Service Center:
1.800.657.5757 or 651.296.2761



Go online:
www.msrs.state.mn.us



**60 Empire Drive, Suite 300
St. Paul, MN 55103
Fax: 651.297.5238**

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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.

You may rollover proceeds from these 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)

Keep in mind: Rollover proceeds from these eligible plans may still be subject to the 10 percent federal tax penalty.

Not eligible for rollover: Roth IRA, Coverdell Education Savings Accounts

* 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 not a taxable event, although a 1099 form will normally be issued by the previous plan provider to be filed with your tax forms.

If the *Incoming Direct Rollover* form is in good order, the rollover is deposited 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 a pending rollover. You are responsible for follow-up with the previous plan provider.

ROTH Tax Distribution Statement Requirement

If you are rolling over designated Roth amounts from a 403(b), 401(k) or governmental 457(b) plan, you must provide a statement from your previous plan provider detailing your Roth account cost basis and the designated Roth account start date (to track the required 5 year holding period). Otherwise, we will use the year your initial designated Roth contribution was made to your MNDCP account and assume cost basis as zero. This may adversely effect the tax consequences of any future distribution from your designated Roth account.

Investment Election Acknowledgement

I understand that if I fail to complete the Investment Option Selection section, MSRS will allocate any rollover proceeds to the default investment option selected by the Plan. I understand that the Plan has established the default investment option as 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, Empower™, 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.

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.

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 treasury.gov/about/organizational-structure/offices/Pages/Office-Of-Foreign-Assets-Control.aspx

Instructions

1. Complete this MNDCP Incoming Direct Rollover form. MSRS will send the former plan provider a copy of this form along with an acceptance letter.
2. Contact your former plan provider to initiate a rollover distribution check. Some plan providers require distribution paperwork to be completed. You should contact that plan provider to request any required forms or to receive information about penalties or fees you may incur.
3. The completed MNDCP Incoming Direct Rollover form and rollover distribution check (payable to Great West Trust Co) should reference Plan # 98945-01 and be mailed to:

Regular mail

PNC Bank
PO BOX 826631
Philadelphia, PA 19182-6631

Overnight mail

PNC Bank
Lockbox #826631
525 Fellowship Road, STE #330
Mt. Laurel, NJ 08054-3415

You will receive a confirmation letter once funds have been deposited into your MNDCP account.