

Election to Transfer Prior Service Contributions to the Unclassified Retirement Plan

1. Information about you

Last name	First name	MI	Account ID or SSN
Employing department			
Daytime phone number		Alternate phone number	

2. Electing retirement coverage

As a participant in the MSRS Unclassified Retirement Plan, you can choose to transfer prior service and contributions from certain Minnesota public retirement plans to your MSRS Unclassified Plan as provided by Minnesota Statutes, Chapter 352D.12. This transfer must be completed within one year of your appointment date to the Unclassified Plan or before you terminate your current Unclassified Plan appointment, whichever is earlier. The transfer includes accumulated employee and equal employer contributions plus interest. Interest is 8.5% until June 30, 2015, 8% until June 30, 2018, and 7.5% thereafter, compounded annually, based on fiscal year balances.

You may repay any refunds of prior service and have accumulated employee and equal employer contributions, with interest, transferred to the Unclassified Plan. You must contact the fund from which you took a refund and arrange for the repayment of the refund plus interest. Interest is 8.5% until June 30, 2015, 8% until June 30, 2018 and 7.5% thereafter, compounded annually, based on fiscal year balances. The repayment must be completed before prior service is transferred to the Unclassified Plan. Any waiting period imposed by that fund to repay a refund is waived.

I elect to transfer prior service and contributions from the account checked below to my MSRS Unclassified Retirement Plan account.

- Minnesota State Retirement System (General Employees Retirement Plan only)
- Public Employees Retirement Association (PERA)
- Teachers Retirement Association (TRA)
- St. Paul Teachers Retirement Association
- Minneapolis Teachers Retirement Association

3. Required signature (please sign below)

I hereby request that accumulated employee and equal employer contributions plus interest be transferred to my Unclassified Retirement Plan account.

Signature _____ Date (Required) _____

Mail or fax the completed form to:



Minnesota State Retirement System
Attn: Eligibility Department
60 Empire Drive, Suite 300
St. Paul, MN 55103-3000



Toll-free: **1.800.657.5757**, option 3



Fax: **651.297.5238**

INTERNAL USE ONLY:

Current appointment effective date: _____

Date approved: _____

Initials: _____