



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		nber			
Check here if this is an address chang	ge					
2. Rollover information						
l elect a direct rollover:						
<u>Pre-tax amounts</u>						
From a qualified employer-sponsored retirement Plan	n including	a 401(a), 401(k), 403(l	b) or from a Tradition	onal IRA		
From a governmental 457(b) Plan from Previo	ous employ	er 🔳 Current emplo	oyer			
Dath after toy amounts						
Roth after-tax amounts				ter-tax amounts: ver Roth after-tax amounts, you		
From a qualified employer-sponsored retirement Plan including a 40 f(a), 40 f(k), 403(b) must attach a Tax Distribution Stater from your former plan which provide date of your first Roth contribution at			ch a Tax Distribution Statement			
			ur first Roth contribution and the			
_			total dollar contributio	r amount of your Roth after-tax ons.		
3. Previous plan provider information						
Company name Account number						
Company mailing address						
CityState	Z	ip 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 \$						

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Investment option selection

Last name First name MI

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	This Target Retirement Fund may be right for you
	Immediately	MN Target Retirement Income Fund
	2021 - 2025	MN Target Retirement 2025 Fund
	2026 - 2030	MN Target Retirement 2030 Fund
	2031 - 2035	MN Target Retirement 2035 Fund
	2036 - 2040	MN Target Retirement 2040 Fund
	2041 - 2045	MN Target Retirement 2045 Fund
	2046 - 2050	MN Target Retirement 2050 Fund
	2051 - 2055	MN Target Retirement 2055 Fund
	2056 - 2060	MN Target Retirement 2060 Fund
	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
. 0 %	T. Rowe Price Small-Cap Stock Fund
. 0 %	Fidelity Diversified International Comingled Pool
. 0 %	Vanguard Total International Stock Index Fund
. 0 %	Vanguard Mid Cap Index Fund
. 0 %	Vanguard Total Stock Market Index Fund
. 0 %	Vanguard Institutional Index Fund
. 0 %	Vanguard Dividend Growth Fund
. 0 %	Vanguard Balanced Index Fund
. 0 %	Core Bond Account
. 0 %	Vanguard Total Bond Market Index Fund
. 0 %	Stable Value Account
. 0 %	Money Market Account



Please refer to the **MNDCP Enrollment** 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.

Must equal 100% Page 2 of 4

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Required authorization (please sign below)

Last name First name MI

My signature acknowledges that I have received, read, understand and agree to all pages of the *Incoming Direct Rollover* form and the *Guide*. I understand only certain parts of distributions are eligible for rollover and that 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 also understand 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 addresss referenced below.

Participant Signature	Date	/	/	/	
		Month	Dav	Year	

The completed MNDCP *Incoming Direct Rollover* form and rollover distribution check (payable to EmpowerTrust 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



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.



Minnesota State Retirement System

60 Empire Drive, Suite 300 St. Paul, MN 55103-3000



Telephone: 651.296.2761

Toll-free: 1.800.657.5757, option 3



Fax: 1.888.529.1832



Online: www.msrs.state.mn.us

Incoming Direct Rollover Guide

General Information

Private data requested on this form will be used by MSRS to process your request. You are not legally required to provide the data requested. However, we may not be able to process your request without sufficient information. Your private data will not be shared with an unauthorized person without written consent except as authorized by federal or state law or a court order.

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.

Eligible for rollover:

- 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% federal tax penalty.

Not eleigible 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 affect 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, EmpowerTM, or the MSRS Board of Directors made no efforts to influence my decisions.

I agree to hold harmless the State of Minnesota, the Plan and MSRS Board of Directors 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 treasury.gov/about/organizational-structure/offices/Pages/Office-Of-Foreign-Assets-Control.aspx

Instructions

- 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 and to receive information about penalties or fees you may incur.
- 3. The completed MNDCP *Incoming Direct Rollover* form and rollover distribution check (payable to Empower 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.

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.

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