



Employees' Retirement System of Rhode Island

AGREEMENT OF TRUSTEE/CUSTODIAN (ROLLOVER)

If the member is transferring contributions, the "Member information" and "Agreement of trustee/custodian" sections must be completed and signed.

If beneficiary of deceased member is transferring contributions, the "Beneficiary of deceased member information" and "Agreement of trustee/custodian" sections must be completed and signed.

Return this original form. We will not accept any other acceptance/transfer forms.

For additional information, see instructions at the end.

Please print clearly in black ink.

Section 1 – Member information

<input type="text"/>		<input type="text"/>	
First and middle names		Last name	
<input type="text"/>			
Address (street number, street name and apartment number)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip code	
<input type="text"/>	<input type="text"/>		
Home phone number (area code and number)	Business phone number (area code and number)		
<input type="text"/>	<input type="text"/>		
Social Security number			<input type="text"/>
<input type="text"/>			<input type="text"/>
Member signature			Date of signature
			M M D D Y Y Y Y

Section 2 – Beneficiary of deceased member information

<input type="text"/>		<input type="text"/>	
First and middle names		Last name	
<input type="text"/>			
Address (street number, street name and apartment number)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip code	
<input type="text"/>	<input type="text"/>		
Home phone number (area code and number)	Business phone number (area code and number)		
<input type="text"/>	<input type="text"/>		
Date of birth	Social Security number		
<input type="text"/>	<input type="text"/>		
Beneficiary of deceased member signature			Date of signature
			M M D D Y Y Y Y



**Employees' Retirement
System of Rhode Island**

AGREEMENT OF TRUSTEE/CUSTODIAN (ROLLOVER)

Section 3 – Agreement of trustee/custodian

To be completed by an authorized employee of your receiving financial institution.

In accordance with the authorization of the depositor, we agree to deposit the forthcoming rollover amount from the Employees' Retirement System of Rhode Island in the following account (*check one*): Annuity IRA Other qualified plan

<input type="text"/>	<input type="text"/>
Name of trustee/custodian	Individual's account number

<input type="text"/>
Address (street number and name)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized representative signature	Date of signature						

<input type="text"/>	<input type="text"/>
Authorized representative name (<i>print</i>)	Tax identification number (<i>optional</i>)

<input type="text"/>
Authorized representative phone number (area code and number)

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island
50 Service Avenue 2nd Floor
Warwick, RI 02886-1021
Office: (401) 462-7600 | Fax: (401) 462-7691
Email: ersri@ersri.org | Web site: www.ersri.org



**Employees' Retirement
System of Rhode Island**

INSTRUCTIONS AGREEMENT OF TRUSTEE/CUSTODIAN (ROLLOVER)

Member information

To be completed and signed by the member as applicable.

Beneficiary of deceased member information

To be completed and signed by the beneficiary of the deceased member as applicable.

Agreement of trustee/custodian

To be completed by an authorized employee of the receiving financial institution

Note to Trustee: RETURN THIS ORIGINAL FORM. WE WILL NOT ACCEPT ANY OTHER ACCEPTANCE/TRANSFER FORMS.

Mail to: Employees' Retirement System of Rhode Island
50 Service Avenue 2nd Floor
Warwick, RI 02886-1021