

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.

Please print clearly in black ink.

Section 1: Member Information

| | | |
|--------------------------------|---|--------------------|
| _____ First Name | _____ MI | _____ Last Name |
| _____ Address | | |
| _____ Address | | |
| _____ City | _____ State | _____ ZIP |
| _____ Home Telephone Number | _____ Business Telephone Number | |
| _____ Email Address | _____ SSN | |
| _____ Member Signature | _____ Date of Signature (mm/dd/yyyy) | |

Section 2: Beneficiary of Deceased Member Information

| | | |
|---|---|--------------------|
| _____ First Name | _____ MI | _____ Last Name |
| _____ Address | | |
| _____ Address | | |
| _____ City | _____ State | _____ ZIP |
| _____ Home Telephone Number | _____ Business Telephone Number | |
| _____ Date of Birth (mm/dd/yyyy) | _____ SSN | |
| _____ Beneficiary of Deceased Member Signature | _____ Date of Signature (mm/dd/yyyy) | |

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

Name of Trustee/Custodian

Individual's account number

Address

Address

City

State

ZIP

Authorized Representative Signature

Date of Signature (mm/dd/yyyy)

Authorized Representative Name (print)

Tax Identification Number (optional)

Authorized Representative Telephone Number (area code and number)

Return the completed form to the address below. Incomplete or inaccurate forms will not be processed.

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 | **Website:** www.ersri.org