



Tulsa County Retirement System
 c/o Tulsa County Clerk
 500 S. Denver, Room 120
 Tulsa, OK 74103
 918 596-5854 Fax 918 596-5846

ROLLOVER APPLICATION FOR TAXABLE DISTRIBUTION

If you wish to directly rollover all or part of your taxable distribution, you must complete Sections I. and II. of this form. Take this form to the eligible plan you want to receive this distribution and have them complete Section III. Failure to correctly complete any portion of this form will delay distribution. All necessary forms must be received prior to the distribution.

I. APPLICANT INFORMATION

MEMBER NAME (First, Middle, Last) _____ Social Security Number _____ - _____ - _____

APPLICANT NAME (if different from Member) _____ Social Security Number _____ - _____ - _____

Mailing Address (Street or P.O. Box, City, State, Zip) _____

Daytime Telephone Number _____ Are you an Oklahoma Resident? Yes or No (Circle one)
 Is this a new address? Yes or No (Circle one)

II. ELECTION CERTIFICATION

I elect to rollover the taxable portion of my distribution in the amount of \$ _____.

I understand that my choice for distribution method cannot be changed after this form is received by the Retirement System and by signing below, I acknowledge that I have read and understood this election and form.

I understand that the check for any portion that is rolled over will be made out in the name of the new plan trustees or custodians as designated below. It is my responsibility to obtain the signature of a representative of the new Plan to which I am rolling over my distribution.

I understand that all taxable monies NOT rolled over will be subject to a mandatory 20% federal tax and, for Oklahoma residents, a 5% state tax. I understand that any distribution made to me may also be subject to additional taxes or penalties, which will be solely my responsibility.

Member/Applicant Signature _____ Date _____

III. PLAN RECEIVING ROLLOVER

_____ Traditional IRA _____ Roth IRA _____ Eligible Employer Plan

NOTE: The following Section must contain the complete name of the Plan or IRA as reported by the trustee to the IRS. A distribution of the taxable funds will be mailed to the following:

Name of Eligible Retirement Plan or IRA (Example: Individual Retirement Account of John Doe or Savings Plan of XYZ, Inc.) _____

Name of Trustee or Custodian (Example ABC Bank or XYZ, Inc.) _____ Account Number _____

By signing this form, the Plan agrees to accept the rollover funds and assume complete responsibility for such rollover funds.

Plan Representative Signature _____ Date _____

Print Plan Representative's Name and Title _____ Telephone Number _____

FOR USE OF RETIREMENT SYSTEM ONLY:

Taxable Rollover Amt. _____ Check date and # _____