

## 401(a) Incoming Transfer / Direct Rollover

Commonwealth of Virginia ORP for Political Appointees

650273

### Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address – Number & Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_  
 Mo Day Year  Female  Male  
 \_\_\_\_\_  
 Date of Birth  Married  Unmarried

### Transfer/Direct Rollover Information

I am transferring/rolling over money from the type of plan indicated below. I understand a separate form must be used for each type of money being rolled into the Plan:

- Direct rollover, as allowed by your Plan, from a qualified:
  - 401(a) plan
  - 401(k) plan
  - Governmental 457(b) plan
  - 403(b) plan
  - Federal Thrift Savings plan
- Direct rollover from a Traditional IRA, as allowed by your Plan (non-deductible contribution (basis) may not be rolled over).

**Previous Provider Information:** Plan Name: \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ ( ) \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

### Previous provider must complete:

I certify the following:

The plan from which the transfer/rollover comes is intended to be qualified under the applicable section of the Internal revenue Code and there is no known plan provision or operation that would result in the plan being disqualified.

Employer/employee before-tax contributions and earnings: \$ \_\_\_\_\_

After-tax contributions, if any: \$ \_\_\_\_\_

**Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.**

\_\_\_\_\_  
**Authorized Plan Administrator/Trustee Signature**      **Date**      **Print Name**  
**For Previous Employer's Plan**





\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Social Security Number

**Withdrawal Restrictions** — I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on transfers, direct rollovers and/or distributions. I understand that I must contact ING to determine when and/or under what circumstances I am eligible to receive distributions or make transfers/direct rollovers.

**Investment Options** — I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified above. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Account Corrections** — I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors.

**Your Consent and Signature** — My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Direct Rollover form. I affirm that all information provided is true and correct.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**Participant** forward to Plan Administrator/Trustee:

ING Plan Administration  
Attn: Virginia Retirement Systems  
P.O. Box 5159  
Boston, MA 02206-5159

**Phone #:** 1-VRS-DC-PLAN1 (1-877-327-5261)  
**Fax #:** 1-888-998-8954  
**Web site:** www.varetire.org

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### **Payment Instructions — (For Previous Employer's Plan Only)**

**Make check payable to:** State Street Bank

**Include the following information on the check:**

Participant Name, Social Security Number, Plan Number, Plan Name

**Wire instructions:**

**Bank:** State Street Bank

**Account no:** 00501494

**Routing transit no:** 011000028

**Reference:** Participant Name, Social Security Number, Plan Number, Plan Name

**Regular mail address for the check and form (if mailed together):**

ING Plan Administration  
Attn: Virginia Retirement Systems  
P.O. Box 5159  
Boston, MA 02206-5159

**Express mail address for the check and form (if mailed together):**

ING Plan Administration  
Attn: Virginia Retirement Systems  
One Heritage Drive  
JPB/3N  
North Quincy, MA 02171

**Contact:** ING

**Phone:** 1-VRS-DC-PLAN1 (1-877-327-5261)

**If sending the "form" only**, please fax to 1-888-998-8954 or follow mailing instructions above. **Please also fax a wire notification form to ING at 1-888-998-8954.** To expedite receipt of funds, wire monies as indicated above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.