

401(a) Incoming Transfer / Direct Rollover

Commonwealth of Virginia ORP for Public School Superintendents

650274

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



Amount of Transfer/Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information — For additional information regarding the below investment options, please refer to your marketing communication materials. **NOTE: You may not allocate more than 95% of your rollover to the VRSIP Interim Account.**

Tier 1 — Asset Allocation Funds

_____ %	10 Income & Growth Fund
_____ %	11 Balanced Growth Fund
_____ %	12 Long Term Growth Fund
_____ %	IA VRSIP Interim Account

Tier 2 — Passively Managed Funds

_____ %	13 Bond Index Fund
_____ %	14 S & P 500 Index Fund
_____ %	15 Russell 1000 Value Index Fund
_____ %	16 Russell 1000 Growth Index Fund
_____ %	17 Russell 3000 Index Fund
_____ %	18 Small/Mid Cap Equity Index Fund
_____ %	19 International Equity Index Fund
_____ %	20 Real Estate Investment Trust Index Fund

Tier 3 — Actively Managed Funds

(1) Transfer restrictions apply from Stable Value Fund/Money Market Fund. For more information, please refer to the Fund Profile sheets.

_____ %	21 Money Market Fund ⁽¹⁾
_____ %	22 Active Inflation-Protected Bond Fund ⁽¹⁾
_____ %	23 Active Bond Fund
_____ %	24 Active High Yield Bond Fund
_____ %	25 Active International Equity Fund
_____ %	26 Stable Value Fund ⁽¹⁾

=100%

Percentages must be whole numbers and total 100%

Participation Acknowledgements

General Information — I understand that only certain types of distributions are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/rolling are in fact eligible for such treatment.

I authorize these funds to be transferred into my employer’s Plan and to be invested according to the information specified in the Investment Option Information section. Note: If monies from a qualified 457(b) plan are included in the transfer/rollover, those monies will be subject to tax laws governing the 401(a) plan.

If the investment option information is incomplete or does not equal 100%, I authorize ING to allocate the transfer assets (“assets”) the same as my ongoing contributions (if I have an account established) or to the Balanced Growth Fund which is the default investment option selected by the Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after ING receives this Incoming Transfer/Direct Rollover form (this “form”), I authorize ING to allocate all monies received the same as my ongoing allocation election on file with ING. I understand I must call a Participant Service Representative or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. I understand that this completed form must be received by ING at the address listed on Page 3.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and ING is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify ING of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

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

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.