

Municipal Employees' Retirement System of Louisiana

7937 Office Park Boulevard, Baton Rouge, LA 70809 / 225-925-4810 / Toll Free 1-800-820-1137 / Fax 225-925-4816

TRUSTEE TO TRUSTEE TRANSFER

SECTION 1: TO BE COMPLETED BY APPLICANT

PRINT OR TYPE ALL INFORMATION

Member's name (First, Middle, Last)

Application Date

Social Security number

Member's mailing address

City, State

Zip

Daytime

Evening

Telephone number

Telephone number

I hereby authorize

to make a direct transfer of my qualified account to

the

Municipal Employees' Retirement System which is a qualified plan under section 401 (a) of the Internal Revenue Service Code.

I have read and understand the "Federal Tax Notice: IRS Tax Status of Eligible Rollover Distributions" as it pertains to these assets.

Member's Signature

Date

By delivering assets to the Municipal Employees' Retirement System of Louisiana/Plan Trustee/ Custodian, the Employee/Account Holder acknowledges and certifies the following:

1. The distribution qualifies as an IRS eligible Transfer to Transfer for a qualified plan/entity;
2. No required minimum distributions are being transferred; and
3. The transfer once made, is irrevocable.

PLEASE ATTACH THIS COMPLETED FORM TO THE CHECK AND MAIL TO MERS AT THE ADDRESS SHOWN ABOVE.

Amount of Transfer

Financial Institution name

Authorized representative's signature

Mailing Address

Print Name & Title

City, State, Zip

Date

Telephone

PLEASE RETAIN COPY FOR YOUR RECORDS