



## MERS ACCEPTANCE LETTER OF ROLLOVER OF ASSETS

### MEMBER'S INFORMATION and AUTHORIZATION

Name:		Last 4 Digits of SSN:
Mailing Address:		Date of Birth:
City:	State:	Zip Code:
Phone Number:	Email Address:	

I hereby authorize \_\_\_\_\_ to make a direct rollover of my qualified account to Municipal Employees' Retirement System of Louisiana which is a qualified plan under section 401(a) of the Internal Revenue Service Code. I understand that I am responsible for any losses incurred by rollovers received by MERS prior to the certification of the rolling trustee, and I expressly hold MERS harmless for any such loss.

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Signature of Member

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Date of Signature

### FINANCIAL INSTITUTION AGREEMENT (Must be completed by Current Plan Custodian)

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

1. The distribution qualifies as an eligible rollover for a qualified plan/entity;
2. No required minimum distributions are being rolled over; and
3. The rollover, once made, is irrevocable.

**PLEASE ATTACH THIS COMPLETED FORM TO THE CHECK AND MAIL TO MERS AT THE ADDRESS BELOW.**

Amount of Rollover:		
Financial Institution Name:		
Mailing Address:		
City:	State:	Zip Code:
Financial Institution Authorized Signature:		Date:
Print Name:		Title:

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