

PERS to ORP Transfer Form

IMPORTANT: You must complete the following steps to finalize your election and transfer.

- 1. Submit your ORP Election Form and PERS to ORP Transfer Form to your HR/Benefits Office by the 10th of the month in which you are eligible.
- 2. Set up your investment account with your Fund Sponsor (TIAA or Fidelity).
- 3. Contact your Fund Sponsor to obtain their transfer form. Return completed form to your Fund Sponsor.

A. Personal Information								
SSN:	Last Name:		First Name:	First Name:				
Address:	City: State		State:	Zip:				
Contact Phone:	Contact Email:							
Institution:	Hire Date:		Eligibility Date:					
B. PERS Membership Inform	nation							
Check the PERS tier you are a n	nember of:	☐ Tier 1 or Tier 2	☐ OPSRP					
C. Identify your PERS or OPSRP vesting status.								
 1.								
D. Certification and Signature								
I authorize PERS to make the transfers requested in Section C and request the transfers be distributed to the ORP Fund Sponsor named on my Retirement Plan Election Form. I understand that my decision to transfer or not transfer IAP funds from PERS to ORP is irrevocable and that my funds cannot be returned to PERS.								
Employee Signature:			Date:					

PERS to ORP Transfer Form Instructions

You must complete Steps 1 -3 to finalize your election. Your fund sponsor enrollment and transfer form can be obtained from the 4 sponsor you selected, TIAA or Fidelity.

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- Set up your investment account with your Fund Sponsor (TIAA or Fidelity).
- 3. Contact your Fund Sponsor to obtain their transfer form. Return completed form to your Fund Sponsor.

A. All information in this section
is required for us to process
your form.

B. This information will assist in verifying your eligibility to make this election.

A. Personal Information

SSN:

Last Name: First Name:

Address: City: State: Zip:

Contact Phone: Contact Email:

Institution: Hire Date: Eligibility Date:

B. PERS Membership Information

☐ OPSRP Check the PERS tier you are a member of: ☐ Tier 1 or Tier 2

C. Confirm your decision whether to transfer your PERS or OPSRP IAP account.

If you have questions about your PERS or OPSRP retirement benefits, including vesting status, contact PERS at:

Telephone (Monday-Friday, 8:30AM-5PM) 503-598-7377 888-320-7377 (toll free) 503-603-7766 (TTY) 503-598-0561

Email

customer-service.pers@state.or.us

C. Identify your PERS or OPSRP vesting status.

1.

I am NOT vested in my PERS or OPSRP pension

By electing to participate in the ORP, you are required by state law to transfer your PERS or OPSRP IAP funds to the ORP, and you will lose your PERS or OPSRP pension benefits.

Caution: By law, unvested members of PERS or OPSRP cannot keep their pension benefits if they join the ORP. They must remain in PERS or OPSRP to keep their pension. If you remain in PERS or OPSRP, you will not be able to participate in the ORP at a future date.

☐ Confirm Your Request: I understand that my PERS or OPSRP IAP funds must be transferred to the ORP, and I will lose my PERS or OPSRP pension benefits.

2.

I am vested in my PERS or OPSRP pension

By electing to participate in the ORP, you have two options. Confirm your request by selecting one of the options below.

Option 1: I request that my PERS or OPSRP IAP funds be transferred to the ORP. I understand that I will lose my PERS or OPSRP pension benefits.

Option 2: I request that my PERS or OPSRP IAP funds remain in my PERS or OPSRP account. I will be considered an inactive member of PERS or OPSRP but retain my PERS or OPRSP pension benefits.

D. Sign and date this form once all other sections have been completed. Return it along with your election form to your campus benefits office listed below.

Remember to keep a copy of all forms for your records.

D. Certification and Signature

I authorize PERS to make the transfers requested in Section C and request the transfers be distributed to the ORP Fund Sponsor named on my Retirement Plan Election Form. I understand that my decision to transfer or not transfer IAP funds from PERS to ORP is irrevocable and that my funds cannot be returned to PERS.

Employee Signature: Date:

*** Please Keep a copy of this form for your records***

Institution	Drop-Off Location	Mailing Address	City, State, Zip	Fax
EOU	Inlow Hall, Room 209	One University Blvd	La Grande, OR 97850	541-962-3023
OIT	Snell Hall, Room 111	3201 Campus Dr	Klamath Falls, OR 97601	541-851-5200
OSU	236 Kerr Admin Bldg	236 Kerr Admin, MS: HR	Corvallis, OR 97331	541-737-0541
PSU	1600 SW 4 th Ave, Ste 518	PO Box 751	Portland, OR 97207-0751	503-725-5896
SOU	Churchill 159	1250 Siskiyou Blvd	Ashland, OR 97520	541-552-8508
UO	677 E. 12 th Ave, Suite 400	5210 University or Oregon	Eugene, OR 97403	541-346-2548
WOU	Admin 306	345 N Monmouth Ave	Monmouth, OR 97361	503-838-8522