

PERS to ORP Transfer Form

A) Fill in your personal information

Identification	SSN	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											Contact	Address					Date of	Birth	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>						
First Name					City	State	Zip Code	Hire	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>																		
Last Name					Phone	Institution		Eligibility	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>																		

B) Identify your situation: **C) Implications of transferring your account:** **D) Select accounts to be transferred:**

<input type="radio"/> I am a Tier 1 or Tier 2 PERS member...		IAP?	Member Account?
<input type="radio"/> Who is vested in the PERS Plan	I will transfer my current PERS member account to my ORP investment company. I forfeit my PERS pension and all rights to future PERS benefits.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Who is not vested in the PERS Plan	I am required by statute to transfer my PERS member account to the ORP. I forfeit my PERS pension and all rights to future PERS benefits.	<input type="radio"/> Yes <input type="radio"/> No	<u>REQUIRED</u>

<input type="radio"/> I am an OPSRP Pension Program (OPSRP) member...		Confirmation
<input type="radio"/> Who is vested in the OPSRP and whose pension benefit present value is \$5,000 or less.	I am transferring my IAP account and the present value of my OPSRP benefit to the ORP. I forfeit my OPSRP pension and all rights to future OPSRP benefits.	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Who is vested in the OPSRP and whose pension benefit present value is more than \$5,000.	I am transferring my IAP account balance to the ORP. The present value of my OPSRP benefit may NOT be transferred from PERS	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Who is not vested in the OPSRP.	A non-vested member is not eligible for pension benefits. When I elect the ORP my OPSRP membership is terminated and I forfeit all rights in the OPSRP.	<input type="radio"/> Yes <input type="radio"/> No

E) Instructions

Use the checklist to the right to confirm that you have completed all necessary steps to make sure that your transfer proceeds smoothly.
 *Transfers will not be completed without all four steps completed.
 *Return all forms to your campus benefits office.
 *Please keep a copy of this form for your records.

To-do:

- PERS to ORP Transfer Form (this form)
- ORP or PERS Election Form
- Enroll with your ORP Fund Sponsor
- Complete your ORP Fund Sponsor's Transfer Form and return it to your Fund Sponsor

F) Certification and Signature

I authorize PERS to make the transfers designated in Section D and request the transfers be distributed to the ORP Funds Sponsor named on my Retirement Plan Election Form. I understand that each transfer is irrevocable and that transferred funds may not be returned to PERS.

Signed By _____ Date _____

Human Resources Use Only: Date Received: _____ Processed by: _____ Date sent to PERS: _____

PERS to ORP Transfer Form

A) Fill in your personal information to assist us in processing your form. This information also allows us to contact you if we require any additional information. All information in this section is required for us to complete your transfer.

C) These are some of the important ramifications of transferring your account. For more details about the ORP please visit www.opurp.com or contact your local HR representative. No action is necessary in section C, but please read it carefully.

B) If you have questions about your retirement benefits, contact PERS at:

Mailing Address

PO Box 23700
Tigard, OR 97281-3700

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

E) Your enrollment and transfer form can be obtained from your Fund Sponsor. Make sure that you provide contact information in section A so that we can get in touch if we require any additional information.

D) Choose which accounts (if any) you would like to transfer from PERS to your ORP provider.

F) Please sign and date this form once all other sections have been completed. After this form is complete, return it, along with all other relevant forms, to your campus benefits office (listed below). Remember to keep a copy of this form for your records.

PERS to ORP Transfer Form

A) Fill in your personal information

Identification	SSN		Address				Date of Birth		
	First Name			City	State	Zip Code			Hire
	Last Name			Phone	Institution				Eligibility

B) Identify your situation:

I am a Tier 1 or Tier 2 PERS member...

<input type="radio"/> Who is vested in the PERS Plan	I will transfer my current PERS member account to my ORP investment company. I forfeit my PERS pension and all rights to future PERS benefits.	IAP?	Member Account?
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Who is not vested in the PERS Plan

I am required by statute to transfer my PERS member account to the ORP. I forfeit my PERS pension and all rights to future PERS benefits.	IAP?	Member Account?
	<input type="radio"/> Yes <input type="radio"/> No	REQUIRED

C) Implications of transferring your account:

I am an OPSRP Pension Program (OPSRP) member...

<input type="radio"/> Who is vested in the OPSRP and whose pension benefit present value is \$5,000 or less.	I am transferring my IAP account and the present value of my OPSRP benefit to the ORP. I forfeit my OPSRP pension and all rights to future OPSRP benefits.	Confirmation
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Signed By: _____ Date: _____

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- ORP or PERS Election Form
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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 107	3201 Campus Dr	Klamath Falls, OR 97601	541-851-5200
OSU	236 Kerr Admin Bldg	236 Kerr Admin Bldg	Corvallis, OR 97331-2132	541-737-7771
PSU	1600 SW 4 th Ave, Suite 518	P.O 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 of Oregon	Eugene, OR 97403	541-346-2548
WOU	Admin Bldg 205C	345 N Monmouth Ave	Monmouth, OR 97361	503-838-8144