

SERVICE CREDIT PURCHASE PAYMENT FORM

This form is to be used when a member of the Ohio Police & Fire Pension Fund (OP&F) purchases service credit. This form provides OP&F with important tax information about the source of your payments. This form is not required if you are transferring money from another State of Ohio retirement plan (Ohio Public Employees Retirement System, School Employees of Ohio Retirement System, State Teachers Retirement System of Ohio, Cincinnati Retirement System, and Ohio State Highway Patrol Retirement System).

The OP&F member should complete:

- Section I (Member information)
- Section II if the member is directly paying all or a part of the cost to cover the purchase.

The member's plan or financial institution must complete:

- Section III only if the member has received a cost statement directly from OP&F and is using a direct rollover or trustee-to-trustee transfer to pay for all or a part of the cost of the service purchase. Funds must be received in full prior to the latest date on the statement you have received.

If OP&F does not receive the full amount from the cost statement or the completed payment form, there may be a delay in processing your purchase and/or additional interest charges assessed.

Section I: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)			<input type="checkbox"/> Police officer <input type="checkbox"/> Male <input type="checkbox"/> Firefighter <input type="checkbox"/> Female		Social Security number		
Street Address / Post office box					[][][][][][][][][][]		
City, State, ZIP code					Date of Birth		
[][][][][][][][][][]					[][][][][][][][][][]		
Home phone <input type="checkbox"/> New		Alternate phone <input type="checkbox"/> New		Email address <input type="checkbox"/> New			

Section II: Payment directly from member

Complete this section if you are directly paying any portion of the purchase of service credit, otherwise proceed to the next section. Complete Part A if you are directly paying for all or part of the service purchase. Complete Part B if you are making a participant rollover of a payment that was recently paid to you.

Part A: Member paying for the purchase with after-tax funds, all or a portion with a personal check, cashiers check or other direct method.

Total Amount \$ _____

Part B: Member paying for the purchase with pre-tax funds, all or a portion from an indirect rollover.

Total Amount \$ _____

The Member is certifying that the funds described in Part B were distributed from the account designated below, that no more than 60 days have elapsed since the distribution and that the distribution was an eligible rollover distribution subject to 20 percent withholding (check one):

- Code Section 401(a) Qualified Plan
- 403(a) Qualified Plan
- 403(b) Plan
- 457(b) Governmental Plan
- 408 Individual Retirement Account/Annuity

Member's signature: 	Date of signature:
--	--------------------

Section III: Direct rollover payment (to be completed by the financial plan)

Direct rollover payments from a retirement plan of a former employer

This section applies to a direct rollover of an eligible redistribution that is being paid to OP&F from a qualified retirement plan or IRA. **This section must be completed by a representative of the plan or financial institution.**

The _____ (plan or IRA) hereby makes a rollover to OP&F of pre-tax funds on behalf of the member identified in Section I.

I certify that the _____ satisfies the requirements of the following (check one):
(Name of Program or Retirement Plan)

- Code Section 401(a) or 403(a) Qualified Plan
- Code Section 403(b) Plan
- Code Section 457(b) Governmental Deferred Compensation Plan
- Individual Retirement Account/Annuity under Code Section 408

Total amount: \$

Pre-tax funds Please check here to confirm

Name of financial institution or plan administrator

Account number

Street Address / Post office box

City, State, ZIP code

Telephone

Signature of authorized representative

Print name

Date of signature



--	--	--	--	--	--	--	--	--	--

Trustee-to-trustee transfer from 403(b) or governmental 457 plan

These transfers may be made while the member is an *active member* of the transferring plan, and may include after-tax funds. **This section should be completed by a representative of the plan or financial institution.**

The _____ 403(b) or governmental 457(b) plan) hereby makes a trustee-to-trustee transfer to OP&F of the following funds on behalf of member identified in Section I.

I certify that the _____ satisfies the requirements of the following (check one):
(Name of Program or Retirement Plan)

- Code Section 403(b) Plan
- Code Section 457(b) Governmental Deferred Compensation Plan

Total amount: \$

Pre-tax funds Please check here to confirm

Name of financial institution or plan administrator

Account number

Street Address / Post office box

City, State, ZIP code

Telephone

Signature of authorized representative

Print name

Date of signature



--	--	--	--	--	--	--	--	--	--