
FACSIMILE TRANSMITTAL SHEET

TO: Larry Wolfe/Melanie Iseri/Virgie Jaralba FROM:
COMPANY: Employees' Retirement System DATE:
FAX NUMBER: (808)586-2882 Primary TOTAL NO. OF PAGES INCLUDING COVER:
(808)586-1677 Alternate
PHONE NUMBER: Area code (808) 586-1728 / 586-1730 / 586-1718 Sender's Fax No.:
Sender's Phone No.:

RE:

NOTICE OF TRANSFER OF TAX SHELTERED FUNDS TO PURCHASE SERVICE CREDITS

On _____, funds for the following members will be wired (recommended), or a check will be prepared to the ERS. These members have authorized our firm to transfer funds to the ERS for the purpose of purchasing service credits. The ERS Form(s) 26, page 1 are attached to this facsimile.

	Name	SSN	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
	TOTAL		_____

Certification by the Tax Sheltered Institution

Name _____ Plan type: 403(b) 457
Address _____
City, State, Zip _____ Telephone Number () _____

I certify that the funds to be transferred to the Employees' Retirement System of the State of Hawaii are eligible for transfer from a plan qualified under Sections 403(b) or 457 of the Internal Revenue Code with the understanding that the funds will be used to purchase service credit as determined by the Retirement System.

Authorized representative _____ Title _____ Date _____

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