

FACSIMILE TRANSMITTAL SHEET

TO: ERS Cash Management Section

FROM:

COMPANY: State of Hawaii
Employees' Retirement System (ERS)

DATE:

FAX NUMBER: (808) 586-2882 Primary
(808) 586-1677 Alternate

TOTAL # OF PAGES INCLUDING COVER:

PHONE NUMBER: Area code (808)
586-1718 / 586-1730 / 586-1724 / 586-1721

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 signed Form(s) ERS-26 is attached to this facsimile.

	Name	SSN	Pre-Tax Amount	Post-Tax Amount	Total Amount
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
	TOTAL		_____	_____	_____

Certification by the Tax Sheltered Institution

Name _____ Plan type: Mark with a "x" the specific plan type for the member listed above

Address _____ 403 (b) 457

City, State Zip Code _____ 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's Signature _____ Title _____ Date _____

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