ERS-123B Rev 12/2022

Signature

## EMPLOYEES' RETIREMENT SYSTEM

201 Merchant Street, Suite 1400 Honolulu, Hawaii 96813-2980

## DIRECT ROLLOVER OPTIONS

(For use by Contributory and Hybrid Plan Members) S. S. No.: Retirement Date: Name: The following chart is provided for your use in retirement planning. Estimated Taxable Portion of Eligible Rollover Payment Estimated Nontaxable Portion of Eligible Rollover Payment 1) Pre-Tax Contributions 2) Regular Interest on Pre-Tax 1) After-Tax Contributions and After-Tax Contributions 2) Total 3) Total SELECT ONLY ONE OF THE FOLLOWING: NO DIRECT ROLLOVER I do not want to do a direct rollover of any portion of my eligible rollover payment. Please pay the entire amount to me. By federal law, at least 20% of the taxable portion that is not directly rolled over must be withheld for federal income taxes. Use the enclosed Form W-4R and return it with this ERS-123B only if you would like a withholding greater than 20%. (Note: 20% will be withheld if no Form W-4R is received or if the percentage is less than 20%.) FULL DIRECT ROLLOVER (Including After-Tax Contributions) I want to do a direct rollover of the entire eligible rollover payment to the institution listed below. PARTIAL DIRECT ROLLOVER Please pay directly to me \$\_\_\_\_\_of the amount that I am eligible to roll over. I want to directly roll over to the institution listed below the remaining balance of my eligible rollover payment. By federal law, at least 20% of the taxable portion that is not directly rolled over must be withheld for federal income taxes. Use the enclosed Form W-4R and return it with this ERS-123B only if you would like a withholding greater than 20%. (Note: 20% will be withheld if no Form W-4R is received or if the percentage is less than 20%.) Read and Initial Regarding Making a Direct Rollover of After-Tax Contributions I understand and acknowledge that if I am doing a direct rollover including after-tax contributions, the receiving qualified plan (which may not include a governmental section 457(b) plan), must separately account for the after-tax contributions rolled over. I have confirmed with the administrator of the receiving qualified plan that the receiving plan will separately account for the after-tax contributions. Oualified Retirement Plan or IRA to Which Direct Rollover Will Be Made: Institution Name Address 1 Acct No Address 2 **Select Plan Type (from the following):** Address 3 Traditional IRA Roth IRA City **Qualified Employer Plan-(QEP)** If a QEP, is this a governmental section State Zip 457(b) plan? \_\_\_\_ YES \_\_\_\_ No **Phone Number** The direct rollover check will be mailed to the institution shown above. I understand that I must return this form before my retirement date in order for the ERS to complete the direct rollover as part of my retirement.

□ **Representative:** If signing as Powers of Attorney Agent(s), Guardian, or Conservator, please check the box; and submit a copy of the document authorizing you to act in this capacity.

Date