County of San Bernardino

REQUEST TO TRANSFER FUNDS

Authorized Purchase of Service Credit

☐ **401(A) Salary Savings Plan** ☐ **401(K) Salary Savings Plan** ☐ **457(b)/PST Deferred Compensation Plan**

Employee ID	Last Name, First Name	Amount of Transfer
Mailing Address		

I hereby authorize the County of San Bernardino to transfer funds (in the amount indicated above) directly from the plan marked above to:

☐ San Bernardino County Employees Retirement Association (SBCERA) and/or

☐ _____

for the purpose of purchasing service credit, pursuant to Article 9, Section 9.03 of the County's Plan Document. I agree that transfers will be taken from amounts of all funds in which I am invested on a prorated basis, or as otherwise specify pursuant to rules established by the Plan Administrator. I understand the Plan Administrator has the right to deny my request due to insufficient funds or due to any change in federal regulations that pertain to the administration of the County's Plan that would adversely affect this transaction.

The Plan Representative or a Notary Public must witness Spousal/Domestic partner consent. If your Spouse/Domestic Partner is unable to sign this form acknowledging consent in the presence of the Plan Representative, it must be signed or acknowledged in the presence of a Notary Public.

Please Note: Notary Public is ***not*** required for 457(b)/PST plan. Spousal/Domestic partner consent is required for use of 457(b)/PST plans assets to purchase authorized service credit.

Participant Signature: _____ Date: _____

Spouse/Domestic Partner Signature: _____ Date: _____

Plan Representative or Notary Public: _____ Date: _____

Office Use Only

Comments:

☐ Approved ☐ Denied

Signature: _____ Date: _____

DISTRIBUTION: Original EBSD-HR (0440)