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3110 Fairview Park Drive, Suite 300
Falls Church, VA 22042
703-426-3900 | ercfpension.org

Authorization to Transfer Tax-Sheltered Funds

Instructions – Please Read Carefully

- ◆ Use this form to request a trustee-to-trustee transfer or a qualified rollover of tax-sheltered funds into your *ERFC Legacy* plan account with the Educational Employees' Supplementary Retirement System of Fairfax County (ERFC). Acceptable funds for such a transfer or rollover include: 403(b) Tax-Sheltered Accounts, 457(b) Deferred Compensation Accounts, a 401(k) Defined Contribution Plan Account, an Individual Retirement Account (IRA)—but not an IRA inherited from any individual other than your spouse, or another pension plan qualified under 401(a).
- ◆ Complete both sides of this form and return it to the ERFC Finance Office at the address listed above. As the member, it's your responsibility to have the financial institution complete Part B before submitting this form to ERFC.
- ◆ The total amount you are transferring or rolling over from the tax-sheltered plan **must not exceed** the actual cost to purchase additional *ERFC* service credit or the actual cost to redeposit previously withdrawn ERFC contributions. **ERFC WILL NOT ACCEPT FUNDS IN EXCESS OF THE COST TO EITHER PURCHASE OR REDEPOSIT SERVICE CREDIT IN THE RETIREMENT SYSTEM.**

PART A ~ ERFC Member Information (To be completed by the ERFC member)

Last Name	First Name	Middle Initial		
Street Address	Apt #	City	State	Zip Code
Daytime Phone (with area code)	Date of Birth (month / day / year)		Membership Date (month / day / year)	
Social Security Number (last four digits)		Employee ID Number		

PART B ~ Financial Institution (To be completed by your financial institution)

Plan Provider Certification: In accordance with the authorization of the ERFC member, I certify that the account indicated below is a tax-sheltered account and is eligible for direct rollover.

Type of Tax-Sheltered Account:

Defined Contribution Plan 401(k)
 Individual Retirement Account (IRA)
 Qualified Pension Plan Under 401(a)
 Tax-Sheltered Annuity 403(b)
 Deferred Compensation – 457(b)
 Other _____

Name of Financial Institution				
Mailing Address	City	State	Zip Code	
Account Number				
Certifying Plan Provider (Print Name)			Phone Number	
Certifying Plan Provider (Signature)			Date	

PART C ~ Transfer Authorization and Signature Approval

I am requesting the immediate transfer of \$_____ from the tax-sheltered account noted on the reverse side of this form, to be paid directly to ERFC at the following address:

**Educational Employees' Supplementary Retirement System of Fairfax County (ERFC)
3110 Fairview Park Drive, Suite 300
Falls Church, Virginia 22042**

As owner of the above named, tax-sheltered account, I request the proceeds noted above to be transferred or rolled over directly for deposit as indicated, to an account established in my name with ERFC. I intend this transaction to be accomplished so as not to place me in actual or constructive receipt of the proceeds, ensuring that this transaction will therefore qualify as a direct rollover or as a trustee-to-trustee transfer of assets, as appropriate. Do not withhold federal or state income taxes from these transferring funds. I request that my name *not* appear as joint payee on the check, nor shall any endorsement thereon be necessary for deposit with ERFC. If my name must be used, it must be preceded by "FBO," meaning "*for the benefit of.*" I understand that neither the current carrier of my account, nor the ERFC, provides legal or tax advice. **I further understand that ERFC will not accept funds in excess of the cost to purchase or redeposit service in the retirement system.**

ERFC Member (Signature)

Date

Summary

1. **You must complete both sides of this form, including required signatures, and return it by mail or in person to ERFC, 3110 Fairview Park Drive, Suite 300, Falls Church, Virginia 22042.**
2. Your financial institution must transfer the funds directly to ERFC by the service credit purchase due date.
3. The amount transferred from your financial institution must not exceed the amount of your approved cost to purchase or redeposit service credit.
4. If the amount of funds transferred from your financial institution is less than your total cost to purchase service credit, you will be required to make direct payment to ERFC for the full difference. Any balance-due payment must also be received in full by ERFC no later than the due date for your service credit purchase.
5. You also have the option to purchase or redeposit service credit with ERFC by paying directly from your own funds through a personal or certified check. Please make your check payable to FCPS and remit payment directly to ERFC by the due date.

Contact ERFC with any questions:

Monday through Friday from 8 a.m. to 4:30 p.m. EST

Phone: 703-426-3900 (local) ♦ 1-844-758-3793 (toll free) ♦ Email: ERFCRetirement@fcps.edu