

DIRECT ROLLOVER FORM

RECIPIENT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

PLAN NAME (City retired from): _____

I hereby authorize PENSION RESOURCE CENTER to initiate process to deposit the DROP money as follows:

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ADDRESS _____

ACCOUNT
NUMBER: _____ AMOUNT _____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ADDRESS _____

ACCOUNT
NUMBER: _____ AMOUNT _____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION ADDRESS _____

ACCOUNT
NUMBER: _____ AMOUNT _____

Please note supportive documentation must be return with form.

SIGNATURE: _____ DATE: _____