

SECTION II

(TO BE COMPLETED BY FINANCIAL INSTITUTION FOR PURPOSE OF ROLLOVER)

Verify Information in Section I.

Send completed form to: State Retirement Agency, 120 East Baltimore Street, Baltimore, Maryland 21202-6700

Payee's Name: _____ Payee's Social Security No. _____ - _____ - _____

NAME AND ADDRESS OF FINANCIAL INSTITUTION/ACCOUNT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DEPOSITOR ACCOUNT TITLE: In order to properly prepare the check, the Retirement Agency needs the name of the financial institution/account into which the check will be made payable. Enter in the spaces below this information, up to 34 characters. The check payable to your designated financial institution/account will carry the notation "DIRECT ROLLOVER," and will contain the name for the individual indicated in Section I. For IRA's, the check will read payable to: [Information Below] as trustee of IND. RET. ACCT of [Payee in Section I]. For Eligible Employer Plans, the check will read payable to: [Information Below] FBO [Payee in Section I].

34 character grid for Depositor Account Title

ENTER THE PAYEE'S ACCOUNT NUMBER (OPTIONAL):

17 character grid for Payee's Account Number

The arrangement selected by the Payee is: (Check [✓] one):

Check [✓] Box to Affirm that Plan Separately Accounts for After-Tax Contributions & Earnings

Traditional IRA

Eligible Employer Plan

Qualified plan under §401(a), including a 401(k) plan

Check indicates plan separately accounts for after-tax contributions and earnings

Roth IRA

§403(a) qualified annuity

Plan may NOT accept after-tax contributions from a 401(a) qualified plan

§403(b) tax sheltered annuity

Check indicates plan separately accounts for after-tax contributions and earnings

§457(b) governmental plan

Plan may not accept after-tax contributions

I confirm that the payee, account number and title are correct. Further, I confirm that the plan designated by the payee is (or is intended to be) an IRA, or an Eligible Employer Plan which includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax sheltered annuity; or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan), that the plan designated may accept such payment (including any after-tax contributions, if applicable) and that I am authorized to act on behalf of the designated plan and will accept the direct rollover for the payee and account for it as required by the Internal Revenue Code.

PRINT OR TYPE REPRESENTATIVE'S NAME

SIGNATURE OF REPRESENTATIVE

DATE

AREA CODE/TELEPHONE #: _____ - _____ - _____

PLEASE READ THIS CAREFULLY

All information on this form, including the individual's social security number, is required. The information is confidential and will be used only to process payment data from the Maryland State Retirement Agency to the financial institution and its agent. Failure to provide the requested information may prevent or delay release or payment.

If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.