

**SACRAMENTO COUNTY  
EMPLOYEES' RETIREMENT SYSTEM**

**980 - 9TH STREET, SUITE 1800 • MAIL: P.O. BOX 627, SACRAMENTO, CA 95812-0627**

**John R. Descamp**  
*Chief Executive Officer*

**TELEPHONE (916) 874-9119  
1 (800) 336-1711  
FAX (916) 874-6060**

**ROLLOVER FORM**

SCERS will accept a trustee to trustee transfer or a direct rollover from a California 457 plan or a 403(b) plan, SCERS does not allow wire transfers. Checks should be made payable to SCERS.

\_\_\_\_\_ 1111 1111  
Member Name Social Security Number  
\_\_\_\_\_ 1111 A Street \_\_\_\_\_ 190001  
Home Street Address Employment No. (optional)  
\_\_\_\_\_ Sacramento, CA 95812 \_\_\_\_\_  
City, State, Zip Telephone Number (daytime)

I certify that the above named member has requested the purchase of service credits. The total amount needed to purchase the requested service is \$5,032.52. Payment must be received by SCERS before 12/31/2002. If paid after this date, the amount is subject to change.

\_\_\_\_\_ SCERS Representative (Print)  
\_\_\_\_\_ SCERS Representative (Signature/Date)

To be completed by an eligible public sector, governmental 457 plan or 403(b) plan sponsored by an agency in the State of California:

I certify that these funds are coming from an eligible public sector, governmental 457 plan or a 403(b) plan, sponsored by an agency in the State of California. I further certify that the plan authorizes transfer to the system for the purchase of service credits or redeposits and that the funds that are being transferred are from an eligible

\_\_\_\_\_ Telephone Number  
Plan or Agency  
\_\_\_\_\_ Plan Administrator/Designee (Signature/Date)  
Plan Administrator/Designee (Print)

**Please return the completed form with payment to SCERS**