

# 457(b) Transfer Form

Use this form to initiate a transfer of 457(b) funds from a previous investment provider to another within your employer's 457(b) retirement plan. Please contact both investment providers to ensure any requirements are met to surrender and receive this transfer. Though a transfer is generally not a taxable event, we recommend you first speak with a financial or tax advisor regarding the consequences of any transaction. **Please return 1) this form and 2) the transaction form from the surrendering investment provider to PERA Administrators at [Support@peradministrators.com](mailto:Support@peradministrators.com) or fax to **725.485.4857**.**

## Employer Name

Employee Name		Social Security Number
Address		
City	State	Zip
Date of Birth	Email Address	Phone
Agent Name	Agent Email	Agent Phone

**Assets are moving out of this 457(b) account. Note that some investment providers require payment of fees, surrender charges or completion of their own forms to perform a transfer:**

Previous investment provider name	Account number	
Phone	Fax	
Address		
City	State	Zip Code

**Account receiving the funds. Please contact your receiving investment provider as they may have specific requirements or forms to accept the transfer.**

Receiving investment provider name	Account number	
Phone	Fax	
Address		
City	State	Zip Code

Check this box if the transfer is to purchase service credits from a state pension plan

Employee Signature		Date	
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