



# Oklahoma Municipal Retirement Fund TRANSFER OF MUNICIPALITY FORM

Form for transfers from a Previous Employer to the Current Employer within the Oklahoma Municipal Retirement Fund

## PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EMPLOYEE TRANSFER INFORMATION

CURRENT EMPLOYER: \_\_\_\_\_

NEW EMPLOYER: \_\_\_\_\_

EFFECTIVE DATE OF TRANSFER: \_\_\_\_\_

## TRANSFER OPTIONS (must select one)

- OPTION 1:** I elect to receive a distribution under this Plan, therefore, such transfer will be treated as my termination of employment and I will not continue to accrue any vesting credit upon my transfer. In order to request a distribution I will need to access my account through the web, IVR or with a Customer Service Representative. This form will not initiate a distribution.
- OPTION 2:** I do not want a distribution under this Plan as of the date of my transfer, and I am, immediately upon such transfer (within 90 days), covered by the retirement Plan under which such other municipality participates in the Oklahoma Municipal Retirement Fund. My account balance will remain in the Fund and will be subject to gains/losses, and I will continue to accrue service for the purpose of additional vesting credit under this plan.

## AUTHORIZATION

I hereby give notice of my transfer from this Plan as stipulated above, and understand that my participation in this Plan will cease and that I will be subject to the following options relating to this Plan and my rights and benefits hereunder.

*The participant and the Authorized Agent on behalf of the employer certify, under penalty of perjury, that to the best of his/her knowledge and belief the information provided on this form, including Taxpayer identification Number (social security number), is accurate and complete.*

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Your current employer must sign and date prior to submitting form for processing.**

Please submit your completed form by fax or mail:

### VIA FAX

Voya Financial  
Attn: Oklahoma Municipal Retirement Fund  
1-844-206-7965

### VIA MAIL

Voya Financial  
Attn: Oklahoma Municipal Retirement Fund  
P.O. Box 24747  
Jacksonville, FL 32241-4747

### VIA OVERNIGHT DELIVERY

Voya Financial  
Attn: Oklahoma Municipal Retirement Fund  
8900 Freedom Commerce Parkway  
Jacksonville, FL 32256-8264

If you have any questions, you may call the Service Center at 1-844-466-5673, or to obtain additional plan or account information, please access your account at <http://okmrforg.voya.com>. Customer Service Representatives are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).