

**REQUEST FOR PURCHASE OF RETIREMENT SERVICE CREDIT**  
**Transfer of funds from City of Seattle 457 Deferred Compensation Plan to**  
**Seattle City Employees' Retirement System**

The purpose of this form is to request that funds on deposit in your City of Seattle 457 Deferred Compensation Plan be transferred to the Seattle City Employees' Retirement System, as permitted by federal law, for the purchase of retirement service credit.

Last Name:	First Name:	Initial:
Social Security Number:	Day phone:	Evening phone:
Home Address: (Street, Apt., City, State, Zip)		

**PARTICIPANT AUTHORIZATION**

I understand that transfer of these funds will remove them from consideration as 457 deferred compensation plan assets and, therefore, they will not be eligible for any of the provisions under the 457 plan such as hardship withdrawals. I understand that these funds will be transferred as soon as administratively possible and that they will not accrue earnings or losses during the transition. I have read this form completely.

Transfer \$ \_\_\_\_\_ from my City of Seattle 457 Deferred Compensation Plan to my account with the Seattle City Employees' Retirement System for the express purpose of purchasing retirement service credit. The amount to be transferred shall be no more than the cost of the retirement service credit purchase, or the current balance of my City of Seattle 457 Deferred Compensation Plan account balance, whichever is less. Daily interest of: \_\_\_\_\_ will accrue beginning: \_\_\_\_\_

I have obtained the signature below from the Retirement System Office (720 3<sup>rd</sup> Ave., Suite 900. 206-386-1293), acknowledging that this amount does not exceed what is needed for the purchase of retirement service credit.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**SEATTLE CITY EMPLOYEES' RETIREMENT SYSTEM AUTHORIZATION**

The amount designated above for transfer from the Seattle 457 Deferred Compensation to the Seattle City Employees' Retirement System does not exceed the cost needed for purchase of retirement service credit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Forward this completed and signed form to: City of Seattle Personnel Department, Benefits Unit,  
700 5<sup>th</sup> Ave., Suite 5500  
PO Box 34028  
Seattle, WA 98124-4028  
Phone: 206-684-7928**

**The employee has the responsibility to deliver this completed form to City Personnel.**