



Transfer of Legislator PERS Chapter 238 Account

Section A: Member Information (Type or print clearly in dark ink. Illegible forms may be returned to member. This could delay your request.)

First name	MI	Last name	Social Security number								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

Within 30 days after taking office, all legislators, except for retired PERS Chapter 238 Program members and current Oregon Public Service Retirement Plan (OPSRP) Pension Program members, must make a retirement plan election.

If you have elected to become a member of the OPSRP Pension Program or the State Deferred Compensation Plan, you may also be eligible to transfer the amount in your PERS Chapter 238 regular account. (See Section B).

If you were an OPSRP Pension Program member before taking office, do not fill out this form. You are not eligible to make this transfer.

Section B: Transfer of Legislator PERS Chapter 238 Account Election

- I have elected to become a member of the OPSRP Pension Program, and I am also an active or inactive PERS Chapter 238 Program member. I elect to transfer the amount in my PERS Chapter 238 Program regular account to my employee account in the OPSRP Individual Account Program (IAP).

- I have elected to become a member of the State Deferred Compensation Plan, and I am also an active or inactive PERS Chapter 238 Program member. I elect to transfer the amount in my PERS Chapter 238 Program regular account to the State Deferred Compensation Plan.

Signature (do not print)

 Date

Office use only	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN	

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll-free 888-320-7377, or TTY 503-603-7766.