

**TRANSFER OF CONTRIBUTIONS WITHIN  
 TGRS-MERS DEFINED BENEFIT PLAN  
 (excluding Hybrid Benefit Program DB component)**

The MERS Plan Document authorizes a transfer of employee contributions from one TGRS-MERS or MERS defined benefit employer to another TGRS-MERS or MERS defined benefit employer for the purpose of purchasing service credit, as provided by the Plan Document and the Internal Revenue Code. A transfer of contributions results in the forfeiture of credited service for the employer in which member contributions were made.

|   |            |   |                            |          |
|---|------------|---|----------------------------|----------|
| Member Name (Last, First, Middle)                             |            | Social Security No.<br>(last 4 digits only) | Date of Birth (MM/DD/YYYY) |          |
| Street Address (home address; include P.O. box if applicable) |            | City  | State                      | Zip Code |
| Former Tribe/Municipality Name                                | Department | Municipality No./<br>Tribal Code No.        | Date of Separation         |          |
| Current Tribe/Municipality Name                               | Department | Municipality No./<br>Tribal Code No.        | Date of Hire               |          |

**FORFEITURE OF BENEFITS**

By signing below, I certify:

- I have terminated employment with the Former Tribe/Municipality indicated. By my signature, I affirm that I have been provided an estimate of benefits for my former employer.
- I acknowledge that I am forfeiting this accrued benefit by transferring my employee contributions out of my former employer's plan to my current employer's plan.
- I understand that by transferring the service credit to my Current Tribe/Municipality, the benefit earned is not the same benefit I am forfeiting with my Former Tribe/Municipality.
- I understand that this is a voluntary and irrevocable choice.

By signing this application, the member (and spouse, if married) acknowledges he/she agrees with the transfer of contributions.

|  |      |                                     |      |
|--|------|-------------------------------------|------|
| <b>Member Signature</b>  | Date | <b>Witness Signature</b> (required) | Date |
| <b>Signature of Spouse (required, if married)</b> By my signature, I agree with my spouse's request that all accumulated contributions be transferred. I recognize that all TGRS-MERS/MERS benefits from the Former Tribe/Municipality shall be forfeited.<br><input type="checkbox"/> |      |                                     | Date |

**WHEN COMPLETED RETURN TO:**  
 Tribal Government Retirement System c/o TGRS-MERS  
 1134 Municipal Way  
 Lansing, MI 48917  
 Phone: (877) 641-8477 • Fax: (517) 703-9706