



## One-Time Variable Election: Active or Inactive Members

This form is strictly for the PERS Chapter 238 program. Call PERS or visit our website if this is not the form you need.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			PERS number (optional)
City	State	Zip	Country
			Date of birth (mm-dd-yyyy)
Day phone number	Evening phone number		E-mail (optional)

### Section B: One-Time Transfer Election

This election is irrevocable. A member who chooses this election may never again participate in the variable and the member will not receive a variable annuity at retirement.

- Effective the January 1 **after PERS receives this election**, transfer my total variable account balance to my regular account. I understand that this election can be made one time **only** and that it is irrevocable. **I further understand that I must meet the eligibility requirements of ORS 238.260(14).**

Statute allows an active or inactive member to transfer all funds out of the variable account into the regular account at any time before retirement if age and eligibility requirements are met (requirements are shown below). The transfer becomes effective January 1 following the year in which PERS receives your request.

Statutory age and eligibility requirements:

- If the member is classified as a police officer or firefighter, the member must have attained age 45 or must have completed 25 or more years of PERS-creditable service.
- If the member is classified as other than a police officer or firefighter, the member must have attained age 50 or must have completed 25 or more years of PERS-creditable service.

**Please copy this form for your records before returning it to PERS.**

\_\_\_\_\_  
 Signature (do not print) \_\_\_\_\_ Date \_\_\_\_\_

Office use only	
<input checked="" 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.