
FACSIMILE TRANSMITTAL SHEET

TO:
Larry Wolfe/Melanie Iseri/Virgie Jaralba**FROM:****COMPANY:**
Employees' Retirement System**DATE:****FAX NUMBER:**
(808)586-2882 Primary
(808)586-1677 Alternate**TOTAL NO. OF PAGES INCLUDING COVER:****PHONE NUMBER:** Area code (808)
586-1728 / 586-1730 / 586-1718**Sender's Fax No.:**
Sender's Phone No.:**RE:****NOTICE OF TRANSFER OF TAX SHELTERED FUNDS TO PURCHASE SERVICE CREDITS**

On _____, funds for the following members will be wired (recommended), or a check will be prepared to the ERS. These members have authorized our firm to transfer funds to the ERS for the purpose of purchasing service credits. The ERS Form(s) 26, page 1 are attached to this facsimile.

	Name	SSN	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
	TOTAL		_____

Certification by the Tax Sheltered Institution

_____	Plan type:
Name	<input type="checkbox"/> 403(b) <input type="checkbox"/> 457

Address	()
_____	_____
City, State, Zip	Telephone Number

I certify that the funds to be transferred to the Employees' Retirement System of the State of Hawaii are eligible for transfer from a plan qualified under Sections 403(b) or 457 of the Internal Revenue Code with the understanding that the funds will be used to purchase service credit as determined by the Retirement System.

Authorized representative_____
Title_____
Date

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