



Name _____		Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - X X - X X X X	
Address _____		Date of Birth: _____	
City _____	State _____	Zip _____	

Prior Plan Name: _____ Pre-Tax Rollover Amount: \$ _____

Complete this Rollover Contribution Form and:

- Attach your Tax Distribution Statement from your former plan
- Attach your Rollover Check made payable to State of Michigan Pension Plus 401(k) Plan, FBO (your name)
- Mail to Voya Financial®, State of Michigan 401(k) and 457 Plans, P.O. Box 55772, Boston, MA 02205-5772

I direct this rollover contribution to be invested in the following fund(s). All percentages must add up to 100% and be in increments of 1%. THE MINIMUM INVESTMENT ELECTION FOR ANY TARGET RETIREMENT DATE FUND IS 50%.

State Street Target Retirement Income Fund	%	State Street MidCap Index Fund	%
State Street Target Retirement 2015 Fund	%	State Street Russell 2000 Index Fund	%
State Street Target Retirement 2020 Fund	%	State Street Global All Cap Equity ex-U.S. Index Fund	%
State Street Target Retirement 2025 Fund	%	PIMCO Total Return Fund	%
State Street Target Retirement 2030 Fund	%	Prudential High Yield Fund	%
State Street Target Retirement 2035 Fund	%	Oakmark Equity and Income Fund	%
State Street Target Retirement 2040 Fund	%	Dodge & Cox Stock Fund	%
State Street Target Retirement 2045 Fund	%	Jennison Large Cap Growth Fund	%
State Street Target Retirement 2050 Fund	%	T. Rowe Price Mid-Cap Value Fund	%
State Street Target Retirement 2055 Fund	%	Artisan MidCap Fund	%
State Street Target Retirement 2060 Fund	%	Voya Small Cap Growth Equity Fund	%
State Street Cash Series Treasury Fund	%	RidgeWorth Small Cap Value Equity Fund	%
Stable Value Fund	%	American Funds EuroPacific Growth Fund	%
State Street Bond Market Index Fund	%	Vanguard Emerging Markets Index Fund	%
State Street S&P 500 Index Fund	%		

I certify that all of the assets to be invested as specified above are qualified monies and are eligible to be transferred to the Pension Plus 401(k) Plan. As evidenced by the attached documentation, this amount does not exceed the taxable amount that I received within the past 60 days from my prior plan. I understand that the Plan will not be held responsible for any tax penalties that may occur for an incomplete submission.

The participant/beneficiary/alternate payee certifies, under penalty of perjury that to the best of his/her knowledge and belief the information provided on this form, including the Social Security Number or Taxpayer Identification Number, is accurate and complete.

SIGNATURE _____

DATE _____

If you are not currently participating in the Pension Plus Plan, you need to designate a beneficiary. You may do so through the Plan website at www.mipensionplus.org. Alternatively, you may print a Beneficiary Designation Form from the Plan website or request one from the Information Line at 1-800-748-6128.

Note: This allocation will not affect any current or future investment elections. If you wish to make changes to current or future investment elections, visit the Plan website www.mipensionplus.org or call the Information Line at 1-800-748-6128.