

INSTRUCTIONS:

1. **Complete and return this form between April 1 and July 15.** No late submissions will be accepted.
2. **Email the following documents to PERASVF@mnpera.org.**
 - » this completed form
 - » copy of the current by-laws
 - » current pension asset statements

Requesting information does not obligate your fire department to join the SVF Plan.

PART A—GENERAL INFORMATION

NAME OF FIRE DEPARTMENT		PHONE NUMBER
NAME OF FIRE CHIEF		EMAIL ADDRESS

PART B—VESTING SCHEDULE INFORMATION**CURRENT VESTING SCHEDULE:**

- 40% after 5 years, increasing by 4% until 100% at 20 years
- 40% after 5 years, increasing by 12% until 100% at 10 years
- 40% after 10 years, increasing by 6% until 100% at 20 years
- 50% after 10 years, increasing by 6% until 100% at 20 years (not eligible for PERA vesting schedule 3)
- 60% after 10 years, increasing by 6% until 100% at 20 years (not eligible for PERA vesting schedule 3)
- Other _____

CHOOSING A PERA VESTING SCHEDULE:

The entity may **NOT** select a vesting schedule that requires more years of service to become partially or fully vested than the vesting schedule in effect under the relief association.

- Vesting Schedule 1: 40% after 5 years, increasing by 4% until 100% at 20 years
- Vesting Schedule 2: 40% after 5 years, increasing by 12% until 100% at 10 years
- Vesting Schedule 3: 40% after 10 years, increasing by 6% until 100% at 20 years

CONTINUED ON NEXT PAGE

PART C—CONTACT INFORMATION

RELIEF ASSOCIATION

This signature authorizes the Request for SVF DC Plan (please print)

NAME OF RELIEF ASSOCIATION		NAME OF BOARD REPRESENTATIVE	
SIGNATURE OF BOARD REPRESENTATIVE	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

GOVERNING BODY

This signature authorizes the Request for SVF DC Plan (please print)

- Municipality (only one signature is required)
- Independent nonprofit firefighter corporation (only one signature is required)
- Joint powers entity (a governing body representative from each of the joint powers entity must sign)

(1) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

(2) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

(3) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

(4) NAME OF GOVERNING BODY		NAME OF AUTHORIZING OFFICER	
SIGNATURE OF AUTHORIZING OFFICER	DATE (MM/DD/YY) / /	EMAIL ADDRESS	PHONE NUMBER

CONTINUED ON NEXT PAGE

PART D—ASSET LISTING

The State Board of Investment (SBI) is required to review any assets that might be transferred to the SVF Plan. List all investments or bank accounts in the special fund and provide recent statements for each account.

AMOUNT OF SPECIAL FUND ASSETS		
Date:	\$	
TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /
TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /
TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /
TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /
TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /
TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /
TYPE OF ASSET/INVESTMENT/BANK ACCOUNT	BALANCE	AS OF DATE (MM/DD/YY) / /

WHAT HAPPENS NEXT

Once submitted, please check your email for further information.

- » SBI will complete an asset review and share asset portfolio recommendations to transfer into the SVF Plan.
- » You must submit resolution(s) by October 1 to indicate PERA plan coverage beginning January 1 of the following year.
- » Your existing retirement plan coverage will remain the same if we do not receive resolutions.