



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, New York 12211-2395
 Phone Number (800) 348-7298 / Fax Number (518) 447-2720

AFTER-TAX CONTRIBUTIONS AMOUNT (ONLY) REQUEST FOR DIRECT ROLLOVER

Instructions for the applicant: Complete Section 1 and then forward the form to the financial institution that will be receiving the direct rollover. If your financial institution requires you to complete additional forms, they **should not** be forwarded to the Retirement System.

SECTION 1 (PLEASE PRINT)

Name	Social Security Number
Mailing Address	NYSTRS EmplID
City/State Zip	Phone Number
Applicant's Signature	Date

TO BE COMPLETED BY FINANCIAL REPRESENTATIVE: Complete all information in Section 2 and then forward to the Retirement System **within 30 days** at the above address. Any additional forms you require from the client **should not** be forwarded to the Retirement System.

This System is a qualified plan under Section 401(a) of the Internal Revenue code.

SECTION 2 (PLEASE PRINT)

<p>CLIENT ACCOUNT NUMBER (If Available)</p> <p>Account # _____</p> <p>THE MONIES WILL BE DEPOSITED TO THE ELIGIBLE PLAN INDICATED:</p> <p>(CHECK ONE)</p> <p>1) <input type="checkbox"/> Individual Retirement Account 408(a) or Individual Retirement Annuity 408(b) (Roth IRA is <u>not</u> an acceptable plan)</p> <p>2) <input type="checkbox"/> Qualified Defined Benefit or Contribution 401(a)</p> <p>3) <input type="checkbox"/> Tax-Sheltered Annuity 403(b)</p>	<p>2 A) Mail Check To:</p> <p>Name _____</p> <p>Street _____</p> <p>_____</p> <p>City: _____</p> <p>State _____ Zip _____</p> <p>2 B) Make Check Payable To:</p> <p>_____</p>
Person Authorized to Sign, Financial Institution <i>(please print)</i>	Phone Number
Authorized Signature, Financial Institution	Date

NOTE: If the member is retiring, we will not process the refund and related rollover until the date of retirement has passed.