

NEW YORK STATE TEACHERS' RETIREMENT SYSTEM 10 Corporate Woods Drive, Albany, NY 12211-2395

ROLLOVER/DIRECT TRANSFER CERTIFICATION

FAILURE TO RETURN THIS FORM TO NYSTRS WILL RESULT IN DELAYS PROCESSING YOUR ROLLOVER AND MAY RESULT IN NEGATIVE TAX CONSEQUENCES

If you are purchasing service credit (Prior Service, Military Service, or Tier Reinstatement) by rolling over pre-tax contributions from another qualified plan, this form must be completed fully and returned to NYSTRS <u>along with your Cost</u> <u>Submittal form within 10 business days of initiating the rollover</u>. You may return this completed form to NYSTRS by fax at (518) 431-8793, or by mail to the address at the top of the form. It must be received in order to process the rollover. Please note that any excess funds that cannot be returned to the original financial institution will be disbursed directly to you. The disbursement of excess funds is treated as taxable income and may be subject to early distribution penalties by the IRS.

Please perform the following (if rolling over funds from more than one plan, please complete separate forms for each):

- 1. Provide your name, EmplID and last four digits of your Social Security #.
- 2. Provide the name of the retirement plan that you'll be rolling funds over from.
- 3. Provide the name of the company that administers the other plan. This is generally a large financial services firm (e.g. Fidelity, Vanguard, Newport Trust).
- 4. Indicate the amount that is being rolled over.
- 5. Read the certification carefully. Make note of the types of plans eligible to make rollover contributions to NYSTRS (Refer to NYSTRS FAC-805 for more information).
- 6. Sign and date the form; *it is only valid if signed*.
- 7. Remit the completed form to NYSTRS immediately.

| | Member Name Last Name F | | | | | | | | | | | | | | First Name | | | | | | | | | | | | | M.I. | | | | |
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| Em | EmpliD | | | | | | | | | | | | | | Last 4 Digits of Social Security # | | | | | | | | | | | | | _ | | | | |
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| Nc | Name(s) of Other Retirement Plan(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Administrator of Other Retirement Plan(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| An | Amount(s) Being Rolled Over From Other Plan(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| By signing below, I certify the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • | Funds being rolled over from other retirement plans to purchase service credit are comprised only of pre-tax contributions made to a qualified retirement plan(s) (eligible 403(b), governmental 457, Traditional IRA, 401(a), or 401(k)) and do not include ineligible after tax contributions (i.e. Both) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | or 401(k)) and do not include ineligible after-tax contributions (i.e. Roth). I understand that if any rollover contribution to NYSTRS is subsequently determined to be ineligible, NYSTRS will | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Me | Member Signature | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | |