



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
 10 Corporate Woods Drive, Albany, New York 12211-2395
 Phone Number (800) 348-7298 / Fax Number (518) 431-8795

OFFICE SERVICES ONLY

TAXABLE 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	Last 4 Digits of Social Security Number
Mailing Address	OR 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) Account # _____</p> <p>THE MONIES WILL BE DEPOSITED TO THE ELIGIBLE PLAN INDICATED: (CHECK ONE)</p> <p><input type="checkbox"/> Individual Retirement Account 408(a) or Individual Retirement Annuity 408(b)</p> <p><input type="checkbox"/> Qualified Annuity Plan 403(a)</p> <p><input type="checkbox"/> Qualified Annuity Plan 403(b)</p> <p><input type="checkbox"/> Qualified Defined Benefit or Contribution Plan 401(a) or 401(k)</p> <p><input type="checkbox"/> Governmental Deferred Compensation Plan 457</p> <p><input type="checkbox"/> Individual Retirement Account Roth (Please indicate Tax Withholding Rate below)</p> <p><input type="checkbox"/> Tax Withholding 0%</p> <p><input type="checkbox"/> Tax Withholding 20%</p>	<p>2 A) Name and Address of Financial Institution</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>_____ FBO Applicant (Financial Institution)</p> <p>We cannot make the check payable to the applicant directly.</p> <p>2 C) Reference # (if applicable)</p> <p>_____</p>
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Person Authorized to Sign, Financial Institution (please print)	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.