REF-30.3 (12/22)



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

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

<u>Instructions for the applicant</u>: Complete Section 1 and then forward the form to the financial institution that will be receiving the direct rollover so they can complete Section 2. 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		OR NYSTRS EmpliD
City/State	Zip	Phone Number
Applicant's Signature		Date

## **SECTION 2**

**TO BE COMPLETED BY FINANCIAL REPRESENTATIVE (PLEASE PRINT):** 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.

CLIENT ACCOUNT  Account #  THE MONIES WILL BE DEPOSITED TO THE ELIGIBLE PLAN INDICATED:  (CHECK ONE)	2 A) Name and Address of Financial Institution  Name  Street
<ul> <li>□ Individual Retirement Account 408(a) or Individual Retirement Annuity 408(b)</li> <li>□ Qualified Defined Benefit or Contribution Plan 401(a)</li> <li>□ Qualified Annuity Plan 403(b)</li> <li>□ Individual Retirement Account Roth</li> </ul>	City:  State:  Zip  2 B) Make Check Payable To:  (Financial Institution)  We cannot make the check payable to the applicant directly.
Financial Institution Authorized Signer (please print)  Financial Institution Authorized Signer's Signature	Phone Number  Date

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