



**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 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	Last 4 Digits of Social Security Number
Mailing Address	<b>OR</b> NYSTRS EmplID
City/State <span style="float: right;">Zip</span>	Phone Number
<b>Applicant's Signature</b>	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.

<p><b>CLIENT ACCOUNT</b>  Account # _____</p> <p><b>THE MONIES WILL BE DEPOSITED TO THE ELIGIBLE PLAN INDICATED:  (CHECK ONE)</b></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 style="margin-left: 20px;"><input type="checkbox"/> Tax Withholding 0%</p> <p style="margin-left: 20px;"><input type="checkbox"/> Tax Withholding 20%</p>	<p><b>2 A) Name and Address of Financial Institution</b></p> <p>Name _____</p> <p>Street _____</p> <p>_____</p> <p>City: _____</p> <p>State: _____ Zip _____</p> <p><b>2 B) Make Check Payable To:</b></p> <p>_____ FBO Applicant  (Financial Institution)</p> <p><b>We cannot make the check payable to the applicant directly.</b></p>
<b>Financial Institution Authorized Signer (please print)</b>	<b>Phone Number</b>
<b>Financial Institution Authorized Signer's Signature</b>	<b>Date</b>

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