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 Fax: 717.772.3860
 PSRS-1264 (03/2015)

Authorization for Direct Rollover (Retirement)



Mail Center

Instructions: You must complete and sign **Part A** of the *Authorization for Direct Rollover* form. The financial institution you choose **must** complete **Part B** of this form with an authorized signature. The completed rollover form should be submitted with your *Application for Retirement*. All entries must be typed or legibly printed in black ink.

Part A - Member Information *(Must be completed by member)*

Member Name	Apt No. or Suite
Social Security No.	Mailing Address
Gender	City
Date of Birth	State & Zip Code
	Home/Cell Phone

I understand . . .

- If my financial institution named in **Part B** will NOT accept a direct rollover because of the minimum threshold amount imposed by said financial institution, PSERS will make the payment to me minus 20 percent mandatory federal income tax.
- If I decide to change the financial institution after PSERS has processed my payment, it is my responsibility to transfer the funds from the financial institution named in **Part B** to the new financial institution.

I certify that I am the primary beneficiary and/or sole owner of the "Eligible Retirement Plan" into which this amount is being directly rolled over.

I hereby affirm that the foregoing information is true and correct to the best of my knowledge and belief; said affirmation is being made subject to the penalties prescribed by 18 Pa. C.S.A. Section 4904 (Unsworn Falsifications to Authorities).

Member Signature <i>(required)</i>	Date Signed
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Part B - Financial Institution Information *(Must be completed by financial institution)*

Depositor's Account Number <i>(optional)</i>	Financial Institution Name	
Mailing Address		
City	State	Zip Code + 4
<p>Financial Institution Agreement: We certify that this account is an "Eligible Retirement Plan," created or organized in the USA, as defined by the Internal Revenue Code (IRC Sections 401(a)(31)(D), 402(c)(8)(A) and (B)). We further certify that the named account holder is the primary beneficiary and/or sole owner of this "Eligible Retirement Plan."</p> <p>The funds must be rolled over into one of these types of "Eligible Retirement Plans":</p> <p style="text-align: center;"> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> Governmental 457(b) <input type="checkbox"/> SEP-IRA <input type="checkbox"/> Another defined benefit plan </p> <p> <input type="checkbox"/> Check this box only if this institution cannot accept tax-free funds. <input type="checkbox"/> Check this box only if this account cannot accept additional monies after the initial rollover. <input type="checkbox"/> Check this box only if the financial institution has a minimum threshold for deposit. The minimum threshold amount is \$_____. </p>		
Financial Institution Authorized Signature <i>(required)</i>	Telephone Number	Date Signed
	Ext.	
Printed Name of Institution Signatory	Title <i>(printed)</i>	