5 N 5th Street Harrisburg PA 17101-1905 Toll-free: 1.888.773.7748 www.psers.pa.gov Fax: 717.772.3860

PSRS-1264 (07/2019)

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 or S	uite		
Social Security#			Mailing A	Address		
Gender			City			
Date of Birth			State &	Zip Code		
			Home/C	ell 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 (required) Date Signed Part B - Financial Institution Information (Must be completed by financial institution) Depositor's Account Number (optional) Financial Institution Name						
	(4,)					
Mailing Address						
City				State	Zip Code	+ 4
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." The funds must be rolled over into one of these types of "Eligible Retirement Plans": Traditional IRA						
Financial Institution Authorized Signature (required)			Telephone Number			Date Signed
Printed Name of Institution Signatory			() Title (printed)	1	Ext.	
Authorization for Direct Rollover (Retirement) Page 1 of 1						