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

PSRS-928 (07/2019)

## Rollover Certification Form



**Mail Center** 

**INSTRUCTIONS:** This form is to be completed to roll over eligible distributions to the Pennsylvania Public School Employees' Retirement System (PSERS). PSERS is a qualified pension plan under Section 401(a) of the Internal Revenue Code. PSERS will accept direct rollovers and participant rollovers from any of the retirement plans listed below. A direct rollover is paid directly from one financial institution or eligible retirement plan to another for the benefit of the plan member. A participant rollover is transacted by the member and must be rolled over within 60 days from the date the member receives the eligible rollover distribution. This completed form should accompany the member's check for a participant rollover. Checks should be made payable to Pennsylvania Public School Employees' Retirement System.

A Membe	r Information			
Member Name		Member Address Change ☐ Check here if new address		
Social Security Number		Apt# or Suite		
Gender		Delivery Address		
Date of Birth		City		
Former Last Name		State & Zip Code		
(only if used in this System)		Daytime Phone		
		<b>Evening Phone</b>		
		Email Address (Optional)		
B Maxim	um Rollover Amount (to be completed by	v PSERS member)		
The amount of your rollover may not exceed the amount due to PSERS for the purchase of creditable service or the amount due for the elimination of the effects of a frozen annuity. The amount due for the purchase of creditable service or the amount due for the elimination of the effects of a frozen annuity is shown on the <i>Statement of Amount Due</i> , sent under separate cover.				
Rollover Amount				
The accompanying transfer of funds includes the following rollover amounts:				
For purchas	\$_		-	
For eliminat	tion of the effects of frozen annuity	<u></u> ው		- *
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*PSERS will not accept rollover checks that exceed the amount due to PSERS as shown on your Statement of Amount Due.				

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Rollover Certification
(to be completed by financial institution representative for a direct rollover or by a PSERS member for a participant rollover)

I certify that the accompanying funds are eligible to be rolled over into a qualified pension fund.				
Please check the appropriate distribution source of this rollover:				
☐ Qualified plan described in section 401(a) of the Internal Revenue Code				
☐ Safe Harbor 401(k) plan as described in section 401(k)(12) of the Code				
☐ Simple 401(k) plan as described in section 401(k)(11) of the Code				
☐ Qualified plan described in section 403(a) of the Code				
☐ Annuity contract or tax sheltered annuity described in section 403(b) of the Code				
☐ IRA as described in section 408(a) and section 408(b) of the Code				
☐ Simplified Employee Plan (SEP) as described in section 408(k) of the Code				
☐ Simple IRA as described in section 408(p) of the Code				
☐ Deferred Compensation Plan as described in section 457 of the Code				
Note: Only pre-tax (taxable) distributions are eligible for roll over to PSERS.				
Name and address of plan from which the rollover is being distributed (Street, City, State and Zip Code)				
inancial Institution Authorized Signature (for direct rollovers only)  Date				
Iember Signature (for participant rollovers only)  Date				
Date				

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