



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Application for Direct Trustee-to-Trustee Transfer for Purchase of Optional Service Credit

RS2416
 (Rev. 7/10)

Phone: 1-866-805-0990 or 518-474-7736
 Fax: 518-474-2142 or 518-474-9898
 Web: www.osc.state.ny.us/retire

Complete the section below and mail this form with a copy of your arrears cost letter to the administrator of the retirement account or plan from which you are transferring funds.

MEMBER INFORMATION (to be completed by member)

Name (Please Print) _____ Social Security Number _____
 Home Address _____ Retirement Registration Number _____
 City _____ State _____ Zip _____ Date of Birth _____
 Work Telephone Number _____ Home Telephone Number _____

I authorize the transfer of \$ _____ to be received no later than _____. The transfer does not include after-tax contributions, nor is the amount greater than the amount quoted on the cost letter for the purchase of service. I assume responsibility for any tax consequences that result if the certifications on this form are not correct.

 Member Signature Date _____

TRUSTEE INFORMATION (to be completed by trustee)

Trustee Name (Please Print) _____
 Trustee Address _____
 City _____ State _____ Zip _____

Account Number _____

Name & Title of Authorized Plan Administrator (Please Print) _____

 Signature of Authorized Plan Administrator Date _____

Please indicate the transferring plan type:	
<input type="radio"/>	Individual Retirement Account - 408(a) -or- Individual Retirement Annuity - 408(b)
<input type="radio"/>	403(a) Annuity Plan
<input type="radio"/>	403(b) Tax-Sheltered Annuity
<input type="radio"/>	Qualified Defined Benefit or Contribution Plan 401(a) or 401(k)
<input type="radio"/>	Governmental Deferred Compensation Plan - 457
Note: Transfers from Inherited IRAs, Roth IRAs and Inherited Roth IRAs are not permitted.	

Please return the completed form to the address below and enclose a check payable to NYSLRS.

NYSLRS
 Attn: Member Accounts
 Mail Drop 5-1
 110 State Street
 Albany, NY 12244

The New York State and Local Retirement System (NYSLRS) is a qualified plan under Section 401(a) of the Internal Revenue Code.