



Office of the New York State Comptroller
Thomas P. DiNapoli
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System

110 State Street, Albany, New York 12244-0001
 Phone: 1-866-805-0990 or 518-474-7736 Fax: 518-402-4433
 Email: nyslrinfo@osc.state.ny.us Web: www.osc.state.ny.us/retire

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

RS2416
 (Rev. 12/13)

For the purchase of optional and previously withdrawn service only.

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.

_____ Date _____
 Member Signature

TRUSTEE INFORMATION (to be completed by trustee)

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

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

Account Number _____

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

Transfers from Inherited IRAs, Roth IRAs and Inherited Roth IRAs are not permitted.

_____ Date _____
 Signature of Authorized Plan Administrator

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

NYSLRS
Attn: Member Accounts
110 State St
Albany, NY 12244
Fax: 518-408-5569