

5 N 5th Street
 Harrisburg PA 17101-1905
 Toll-Free: 1-888-773-7748
 Web Address: www.psers.state.pa.us

Authorization For Direct Rollover - Alternate Payee



PSRS-1160 (08/2012)

Instructions: The alternate payee must complete Part A. The financial institution must complete Part B. Return the form to PSERS at the above address.

Member Name	Social Security Number
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PART A - ALTERNATE PAYEE INFORMATION		
Name	Social Security Number	Daytime Telephone Number ()
Street Address	Street Address (optional)	
City	State	Zip Code

I understand that the financial institution named below will be paid ALL of the direct rollovers. If I want any of the future direct rollovers to be paid to another financial institution, I must complete and submit to the Public School Employees' Retirement System (PSERS) another *Authorization for Direct Rollover - Alternate Payee* form for the future payments. To insure proper payment to another financial institution an *Authorization for Direct Rollover - Alternate Payee* must be received by PSERS 30 business days prior to the payment date. Future installment payment(s) will be made on the last business day of the designated month.

If my financial institution named below will NOT accept a direct rollover because of a minimum threshold amount imposed by said financial institution or if the distribution is less than \$100.00, PSERS will make the payment(s) to me minus 20 percent mandatory federal withholding tax.

I authorize the Public School Employees' Retirement System to directly roll over the following percentages or amount(s) of the distribution to the financial institution indicated below. These payments must correspond with the installment payments on the member's retirement/refund application.

INSTALLMENT PAYMENT	DIRECT ROLLOVER AMOUNT				
Installment Payment #1	<input type="checkbox"/> None	OR	<input type="checkbox"/> 100%	OR	Specific Amount \$ _____
Installment Payment #2	<input type="checkbox"/> None	OR	<input type="checkbox"/> 100%	OR	Specific Amount \$ _____
Installment Payment #3	<input type="checkbox"/> None	OR	<input type="checkbox"/> 100%	OR	Specific Amount \$ _____
Installment Payment #4	<input type="checkbox"/> None	OR	<input type="checkbox"/> 100%	OR	Specific Amount \$ _____

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).

Alternate Payee's Signature	Date
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PART B - FINANCIAL INSTITUTION INFORMATION

Make Check Payable To (<i>Financial Institution Name</i>)		Depositor's Account Number (<i>optional</i>)
Send Check To (<i>Financial Institution Address</i>)	Street Address (<i>optional</i>)	
City	State	Zip Code
<p>We certify that this account is an eligible retirement plan for purposes of receiving a direct rollover, created and organized in the USA, as defined by the Internal Revenue Code.</p> <p>Please indicate which type of plan will the funds be placed.</p> <p><input type="checkbox"/> IRA (regular): taxfree or taxable funds</p> <p><input type="checkbox"/> Other: taxfree or taxable funds [401(a), 403(b), SEP or Safe Harbor 401(k)]</p> <p><input type="checkbox"/> Other: taxable funds only [Government 457(b)]</p> <p>We certify that the named account holder is the primary beneficiary and/or sole owner of this eligible retirement plan.</p> <p><input type="checkbox"/> Check this box only if this account cannot accept additional monies after the initial rollover.</p>		
Financial Institution Authorized Signature (<i>required</i>)	Telephone Number () Ext.	Date