



PUBLIC SCHOOL & EDUCATION EMPLOYEE  
RETIREMENT SYSTEMS OF MISSOURI

To Whom It May Concern:

PSRS is a 401(a) governmental defined benefit program under the Internal Revenue Code. For the purchase or reinstatement of credit, we can accept rollovers from other 401(a) qualified plans, 403(a) qualified annuity plans, 401(k) profit sharing plans, traditional IRAs, 403(b) plans, and governmental 457(b) deferred compensation plans. In addition, we can accept in-service trustee-to-trustee transfers from 403(b) and governmental 457 plans for the purchase or reinstatement of credit.

**Upon receipt in this office of the *Rollover/Transfer Certification Form* and a valid purchase application from the member, we can accept qualified funds as payment for the purchase or reinstatement of eligible credit with this retirement system. **IRS guidelines do not allow us to accept funds in excess of the balance due. Any check made out in an amount greater will be returned to the financial institution.****



PUBLIC SCHOOL RETIREMENT  
SYSTEM OF MISSOURI

PO Box 268  
Jefferson City, MO 65102-0268  
(573) 634-5290 or  
Toll Free: (800) 392-6848  
Fax: (573) 634-7934  
Email: psrspeers@psrspeers.org  
Website: www.psrs-peers.org

For office use only	
Member number	
Amount received	

## ROLLOVER/TRANSFER CERTIFICATION FORM FOR THE PURCHASE OR REINSTATEMENT OF CREDIT

File this form with your application to purchase or reinstate credit if you plan to pay in full or in part for the credit with an eligible rollover distribution of pre-tax funds from a qualified retirement account, or with an in-service trustee-to-trustee funds transfer.

See the *Rollover/Transfer Certification Information Sheet* before completing this form. Complete Section A and forward to your financial institution. A representative of your financial institution must complete Section B and return the form to PSRS with payment. Per IRS guidelines, PSRS can only accept an amount equal to or less than the balance due for a purchase or reinstatement. Any check made out in an amount greater will be returned to the financial institution.

### SECTION A – MEMBER INFORMATION

First Name				Middle Name				Last Name			
Social Security Number				Member Number				Telephone			
								( )			
Mailing Address						City		State		ZIP	
Email Address											

### ROLLOVER/TRANSFER INFORMATION

Name of Qualified Plan or IRA Custodian (Funds will be rolled over or transferred from this financial institution.)

Check here if the rollover was distributed to you, the member, under the 60-day rule. If unsure, contact the financial institution.

### MEMBER CERTIFICATION

I certify that:

- I have read and understand the *Rollover/Transfer Certification Information Sheet* and the information on this form;
- I understand that any indirect rollover contribution must be made within 60 days after I receive a distribution of such amounts;
- I acknowledge that anyone who makes a false statement or causes or permits submission of falsified records to PSRS in an attempt to defraud is subject to punishment under the law;
- I am aware that the amount of my rollover/transfer contribution will be held and later distributed in accordance with the terms of PSRS;
- I give PSRS permission to speak to this financial institution regarding payoff amounts; and
- **These funds have not previously been taxed.**

Signature of Member (REQUIRED)

X

Date

### SECTION B – FINANCIAL INSTITUTION CERTIFICATION

This section must be completed by the financial institution and returned to PSRS with payment. If unable to complete this section, please see Step 5 on the Information Sheet.

The qualified plan or IRA named above is (check one):

An eligible plan under Internal Revenue Code, Sections 401(a) [including a pension], 401(k) [or profit sharing], 403(a), 403(b), or 457(b) distributed as a direct rollover or an in-service trustee-to-trustee transfer.

A traditional IRA under Code Section 408(a) or an individual retirement annuity under Code Section 408(b) which only includes pre-tax contributions, distributed as a direct rollover.

Signature of Financial Institution Representative (REQUIRED)

X

Date

Printed Name and Title

Financial Institution

Telephone

( )