



Tennessee Consolidated Retirement System

Prior Service Section

502 Deaderick Street

Nashville, Tennessee 37243-0201

APPLICATION FOR ACCEPTANCE OF TRANSFER OR ROLLOVER FUNDS

Instructions —In accordance with T.C.A. Section 8-37-214 and the Internal Revenue Code, a member of the Tennessee Consolidated Retirement System (TCRS) who is eligible to purchase prior service credit may pay for that additional retirement credit with a direct transfer or a rollover of a distribution from a retirement plan approved by the IRS under Section 401(a), 401(k), or 403(b) of the Internal Revenue Code. A member may also pay for the additional retirement credit with a rollover of a distribution from a plan operated by a government under Section 457(b) of the Internal Revenue Code or from a regular IRA. TCRS may NOT accept a transfer or rollover from a Roth IRA or from a 457 plan sponsored by a nongovernmental entity.

- 1. Please review the enclosed brochure Purchasing Prior Service with a Rollover. You may also access the information at our web site www.treasury.state.tn.us/tcrs/p.htm.
2. Complete Part I of this form, have Part II certified by the plan sponsor or IRA trustee, and submit it to TCRS with your prior service payment. A copy of your TCRS prior service billing should also be included.
3. If you are submitting transfer or rollover funds from more than one plan, PART II must be completed for each plan. Additional forms may be obtained from our web site at www.treasury.state.tn.us/tcrs/f.htm.
4. It is your responsibility to complete this form for TCRS as well as any other forms required by the investment vendor. Contact your vendor for those forms and procedures. In addition, it is your responsibility to confirm that the vendor has completed the TCRS form and transferred appropriate funds.
5. You are prohibited from using the rollover funds as a partial payment. However, rollover funds may be used to pay off the balance of an established TCRS installment account.

PART I — PRIOR SERVICE PAYMENT PLAN - To be completed by the TCRS member

Name _____ Social Security Number _____

Address _____
Street City State Zip

Home Phone () _____ Daytime Phone () _____

Total Amount Due \$ _____

Sources of Funding - Summary

1. Transfer or rollover from _____ \$ _____
(Name of Plan or Financial Institution)

2. Transfer or rollover from _____ \$ _____
(Name of Plan or Financial Institution)

3. Transfer or rollover from _____ \$ _____
(Name of Plan or Financial Institution)

4. Personal check (remaining balance, if any, must be paid in lump sum) \$ _____

TOTAL PAYMENT DUE \$ _____

Signature of Member _____ Date _____

(Next page to be completed by the plan sponsor or IRA Trustee.)

Name _____ Social Security Number _____

**PART II — VERIFICATION OF SOURCE AND AMOUNT OF DIRECT TRANSFER/
ROLLOVER - To be completed by the plan sponsor or IRA trustee. If more than one
plan is involved, a separate form must be completed for each plan.**

TCRS is a qualified plan under Section 401(a) of the Internal Revenue Code.

On _____, 20____, the _____, issued/will issue
(Month/Day) (Year) (Name of Plan or Financial Institution)

a distribution or transfer to or on behalf of the individual named on the previous page.

This plan is authorized to issue a transfer or a distribution eligible for rollover to a qualified plan because it is:

Check one

a qualified 401(a) or 401(k) retirement plan sponsored by _____ ;

a governmental 457 plan sponsored by _____ ;

a 403(b) contract; **OR**

a regular IRA established under Section 408 of the Internal Revenue Code. This is not a Roth IRA established under Section 408A of the Internal Revenue Code, or an Education IRA.

The total amount of distribution eligible for rollover from this plan is \$_____.

Signature _____ Name (please print) _____

Title _____ Phone Number () _____

Name of Employer or Financial Institution _____

Address _____
Street City State Zip

Note: Checks should be made payable to "Tennessee Consolidated Retirement System FBO [member's name and SSN]".

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