



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
DIRECT ROLLOVER/TRANSFER CERTIFICATION FOR
TRANSFER-IN INSTRUCTIONS

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
www.azasrs.gov

Planning to use rollover funds?

Member Selects Option A on Payment Request Form

Member may also elect other forms of payment.

Member submits payment form to the ASRS by Due Date on invoice.



Within 90 calendar days of invoice issuance date:

1. Member Submits a Completed Direct Rollover/Transfer Certification for Transfer-in Instructions

Section 1: Member completes.

Section 2: Member completes if rollover is from an IRA or a 403(b) not maintained by an employer.

OR

Section 2: Plan Administrator, Custodian or Trustee completes if member is not eligible to complete.

2. Member Initiates the Rollover and Ensures the ASRS Receives the Funds

The ASRS will NOT request rollover funds.

Members should immediately contact the institution housing the rollover funds to determine that institution's processing times and procedures.



Within 5 business days of the ASRS receiving rollover funds:

ASRS Mails a Rollover Payment Acknowledgement Letter



Also using an after-tax check?

(Option B)

Member submits after-tax check by cost invoice Due Date.

OR

Member submits after-tax check within 30 calendar days of ASRS issuing rollover payment acknowledgment letter.

The ASRS will not issue a new cost invoice for the difference.

ARIZONA STATE RETIREMENT SYSTEM (ASRS)

DIRECT ROLLOVER/TRANSFER CERTIFICATION FOR TRANSFER-IN INSTRUCTIONS

STEP 1

Submit a Service Purchase Payment Request Transfer-In Balance Purchase form by the invoice Due Date **and** submit a Direct Rollover/Transfer Certification for Transfer In form for each rollover/transfer within 90 calendar days of invoice issuance.

STEP 2

Contact the Financial Institution/Plan housing the funds you plan to rollover/transfer to determine requirements. Have the check made payable to "Arizona State Retirement System FBO *your name*." ***It is your responsibility to initiate and ensure all rollovers are completed within 90 calendar days of the date your cost invoice was issued.*** The ASRS will NOT request the funds for you.

Filling Out The Direct Rollover/Transfer Certification or Transfer-in Form

Section 1: You, the member, complete.

Section 2: A Financial Institution/Plan authorized representative must complete. **OR** You, the member, complete if rollover/transfer funds are from an IRA or non-employer maintained 403(b).

Note: The form must be completed in its entirety or the form and possibly the rollover/transfer funds will be rejected.

Acceptable Rollovers/Transfers

- 401(a) plan (pre-tax and after-tax funds)
- 401(k) plan (pre-tax)
- 403(b) plan (pre-tax and after-tax funds)
- Governmental 457 plan (pre-tax)
- 403(a) plan (pre-tax)
- 408 Traditional IRA (pre-tax)
- 408(k) SEP IRA (pre-tax)
- 408(p) SIMPLE IRA (pre-tax; participation \geq 2 years)

Non-Acceptable Rollovers/Transfers

- Roth IRA
- Coverdale Education Savings Account Funds
- A hardship distribution
- Not includable in gross income (such as a return of after-tax contributions)
- Required under §401(a)(9) of the Internal Revenue Code because you have attained age 70 ½
- One of a series of substantially equal periodic payments made at least annually for your life
- One of a series of substantially equal periodic payments made for 10 years or more
- After-tax contributions from any plan other than a 401(a) or 403(b) qualified plan

Note: If the ASRS accepts a contribution as a rollover and later determines that the contribution was not eligible for rollover, the ASRS will distribute the invalid contribution directly to you. Any taxes, penalties and interest that the Internal Revenue Service or any state taxing authority may assess against you due to an invalid rollover contribution are solely your responsibility and not that of the ASRS or its personnel.

If you want to contribute funds contained in a 457 plan, a 403(b), a 403(a) annuity, or a 401(a) plan maintained by your current employer, you must request that the funds be transferred as a "trustee-to-trustee" transfer, rather than a direct rollover. If such transfer is from a 457 plan, the plan must be maintained by the State of Arizona, or a political subdivision, agency, or instrumentality of the State of Arizona. Also, if you transfer money from a 401(k) plan to the ASRS in a trustee-to-trustee transfer, you must separate from service upon retirement if you retire before reaching age 59 ½, as required in Arizona Revised Statutes §38-747(l). Not all eligible plans allow trustee-to-trustee transfers to defined benefit plans so please contact your employer or a representative of the plan.

Rollovers/transfers containing both pre- and after-tax funds must list the pre- and after-tax portions separately and the ASRS shall separately account for all amounts rolled over or directly transferred to the ASRS.

If you are eligible to receive a distribution as a surviving spouse of a deceased individual or an alternate payee due to divorce, you have the same options the deceased individual or ex-spouse would have had. However, in the case of a divorce, and the transfer of an interest in your former spouse's IRA, the transfer must first be from your former spouse's IRA to an IRA established for your benefit. You may then make a rollover from your new IRA to the ASRS if the rollover otherwise qualifies as described herein.

Contact Us

Should you need further information, please visit our public website at www.azasrs.gov, log in to your secure myASRS account at secure.azasrs.gov to send a secure email or call us at one of the phone numbers shown above.



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
DIRECT ROLLOVER/TRANSFER CERTIFICATION
FOR TRANSFER-IN

PLEASE PRINT

COMPLETE AND SEND TO:
 ASRS – Rollover/Finance
 PO Box 33910
 Phoenix, AZ 85067-4030

Phoenix (602) 240-2000
 Tucson (520) 239-3100
 Toll-Free (800) 621-3778
 www.azasrs.gov

Disclosure of member's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account or to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – To be completed by the member.

Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Mailing Address				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Personal Email Address	Primary Phone ()	Secondary Phone ()	Mobile Phone ()	
Name of Financial Institution/Plan Currently Housing Rollover/Transfer Funds			Account Number at Financial Institution/Plan	

Select only one:
 I will request a total distribution of account funds
 I will request a rollover/transfer in the amount of \$ _____

By my signature below, I certify my understanding of, and agreement to the following statements:

- I have read and understand the Direct Rollover/Transfer Contributions to Purchase Service Credit for Transfer In Instructions.
- I must have a current cost invoice(s) or payroll deduction authorization (PDA) payoff letter(s).
- I am responsible for contacting the institution housing the rollover/transfer funds and initiating the rollover.** It is my responsibility to ensure the ASRS receives the rollover/transfer funds by the deadline or my service purchase cost will expire.
- The amount to be rolled over/transferred must be equal to or less than the amount of my service purchase cost.
- I understand after-tax funds may only be rolled/transferred to the ASRS if the funds are from a 401(a) or 403(b) qualified plan.
- I am entitled to receive an eligible distribution or my other plan will allow a trustee-to-trustee transfer.

Member Signature	Date
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SECTION 2 – To be completed by the Plan Administrator/Custodian/Trustee or Member.*

Authorized Representative's Name and Title (See note* below.)	Mailing Address of Financial Institution/Plan		
City	State	ZIP	Authorized Rep. Telephone Number ()

By my signature below, I certify my understanding of and agreement to the following statements:

- I understand the ASRS defined benefit plan meets the Internal Revenue Code (IRC) 401(a) requirements of the IRC and has received a favorable and current letter of determination from the IRS. The ASRS will accept the plans listed in this section.
- I certify the funds will be sent as a Direct Rollover, IRA Rollover or Trustee-to-Trustee Transfer** from an eligible plan/IRA.
- I certify the funds will be originating from a: **(Check one box only; do not leave blank.)**
 401(a) plan 401(k) plan 403(b) plan* Governmental 457 plan**
 403(a) plan 408 Traditional IRA* 408(k) SEP IRA* 408(p) SIMPLE IRA* (participation ≥ 2 years)
- I certify pre and after-tax portions of the transfer/rollover will be listed separately [after-tax \$ only acceptable from 401(a), 403(b)]
- I certify the originating plan/IRA is intended to satisfy the requirements of the corresponding section of the IRC and I am not aware of any provision or operational failure of this Plan/IRA that would cause the Plan/IRA to not satisfy the applicable section of the IRC.

Authorized Representative's Signature (See note * below.)	Date
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Note: Make checks payable to: Arizona State Retirement System FBO (member's name). Mail to the address on the top of this form.
 * If the rollover is from an IRA or a 403(b) not maintained by an employer, the member may act as the authorized representative and may complete/sign Section 2 of this certification.
 ** For trustee-to-trustee transfers from governmental 457 plans, the plan must be maintained by the State of Arizona, or a political subdivision, agency, or instrumentality of the State of Arizona. Direct rollovers from governmental 457 plans do not have the same restriction.

