

# Application for Acceptance of Transfer or Rollover Funds

## Tennessee Consolidated Retirement System

A Division of the Tennessee Treasury Department  
502 Deaderick Street  
Nashville, Tennessee 37243-0201  
1-800-922-7772 ♦ [RetireReadyTN.gov](http://RetireReadyTN.gov)



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 457 plan sponsored by a non-governmental entity.

1. 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.
2. **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 website under Forms and Guides at [RetireReadyTN.gov](http://RetireReadyTN.gov).
3. 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.
4. 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 1. PRIOR SERVICE PAYMENT PLAN *(To be completed by the TCRS member)*

Member ID	Date of Birth
Full Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	
City	State
	Zip Code
Email	Phone Number
<b>Total Amount Due</b>	\$ _____
<b>Sources of Funding - Summary</b>	
1. Transfer or Rollover from _____ <i>(Name of Plan or Financial Institution)</i>	\$ _____
2. Transfer or Rollover from _____ <i>(Name of Plan or Financial Institution)</i>	\$ _____
3. Transfer or Rollover from _____ <i>(Name of Plan or Financial Institution)</i>	\$ _____
4. Personal Check (remaining balance, if any, must be paid in lump sum)	\$ _____
<b>TOTAL PAYMENT DUE</b>	\$ _____
<b>Applicant's Signature</b>	<b>Date</b>

Full Name

Member ID

Last 4 SSN XXX-XX-

**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 \_\_\_\_\_  
*(Month / Day) (Year) (Name of Plan or Financial Institution)*

issued/will issue 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;
- 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; or
- a distribution to a beneficiary from a qualified retirement plan.

**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

Mailing Address

City

State

Zip Code

**Note:**

***Checks should be made payable to  
"Tennessee Consolidated Retirement System FBO [member's name and last four of SSN]"***