



TERMINATED MEMBER'S REQUEST FOR A TRUSTEE-TO-TRUSTEE TRANSFER

SECTION I – MEMBER INFORMATION

Member's Name:		Last 4 of SS#:	
Address:	City/Town:	State:	Zip:

SECTION II – ACCOUNT INFORMATION

I have been notified that I am entitled to a distribution from the New Hampshire Retirement System (NHRS), a defined benefit plan qualified under Internal Revenue Code Section 401(a). As indicated on the attached Terminated Member's Application for Refund of Accumulated Contributions, I request a Trustee-to-Trustee Transfer of accumulated contributions as follows:

1. After-tax contributions. Trustee-to-Trustee Transfer to: (Choose only one).

IRA

Employer-sponsored qualified plan/annuity – Code § 401(a)/403(a)

Simplified Employer Pension (SEP)

2. Pre-tax contributions and interest. Trustee-to-Trustee Transfer to: (Choose no more than two. If you choose two plans/IRAs under this section, one of the plans/IRAs you choose below must be the same plan/IRA you chose above to receive your after-tax contributions.)

<input type="checkbox"/> IRA	%
<input type="checkbox"/> Employer-sponsored qualified plan/annuity – Code § 401(a)/403(a)	%
<input type="checkbox"/> Simplified Employer Pension (SEP)	%
<input type="checkbox"/> Section 403(b) tax-sheltered annuity	%
<input type="checkbox"/> Section 457 governmental plan	%

I hereby direct NHRS to deliver the portion of my accumulated contributions for which I have elected Trustee-to-Trustee Transfers to the trustee(s) of my IRA or other eligible retirement plan(s) named below:

First Trustee-to-Trustee Transfer

Trustee Name:		Account Number:	
Address:	City/Town:	State:	Zip:
Contact Name:		Telephone Number:	
After-tax amount to be transferred: %	Pre-tax amount to be transferred: %		

Second Trustee-to-Trustee Transfer (If Applicable)

Trustee Name:		Account Number:	
Address:	City/Town:	State:	Zip:
Contact Name:		Telephone Number:	
After-tax amount to be transferred: %	Pre-tax amount to be transferred: %		

NOTE: For each Trustee-to-Trustee Transfer requested, you must attach a statement or letter from the financial institution or eligible retirement plan trustee indicating its qualification and willingness to accept the direct transfer of retirement funds from NHRS.

SECTION III – ACKNOWLEDGEMENT

In making a request for a Trustee-to-Trustee Transfer(s), I agree as follows:

1. The New Hampshire Retirement System (NHRS) has no obligation to see to the application of the proposed transfer amount once NHRS has delivered the funds to the trustee of my IRA or other eligible retirement plan.
2. Upon completion of the transfer from NHRS to my IRA or other eligible retirement plan, I have no further interest of any kind in NHRS, and will not look to NHRS for any benefit or payment whatsoever, regardless of any benefit I, or my beneficiaries, may receive, or may be denied, under my IRA or other retirement plan. Effective upon the completion of the transfer, NHRS, each funding agent hereunder, and each other fiduciary with respect to NHRS is and shall be released from all liability arising in connection with any interest in or under NHRS.
3. In the event that NHRS is for any reason unable to complete the requested trustee-to-trustee transfer to the trustee of my IRA or other eligible retirement plan, I will be notified so that an alternative election for benefit distribution may be arranged as soon as is practicable under the circumstances.

I hereby certify under penalties of perjury that:

1. I have either established an IRA or have prospective employment with an employer that maintains an eligible retirement plan that accepts rollover contributions, and have arranged for the trustee thereof to receive the requested amount to be transferred from NHRS. If the IRA I have designated is a SIMPLE IRA, that IRA has been established for at least two (2) years.
2. The transfer requested herein, if made, will not result in the violation of the terms and conditions of any "Qualified Domestic Relations Order" applicable to my interest under the NHRS.
3. I have read, and fully understand, all of the terms of this *Terminated Member's Request for Trustee-to-Trustee Transfer* and the *Special Tax Notice Regarding Benefit Payments*, which are intended to facilitate my request. I have either requested no assistance in understanding these documents or have received all the assistance I require in this matter. I also understand that in this instrument, the terms "I" and "me" refer to the undersigned; that the terms "New Hampshire Retirement System" and "NHRS" refer to the proposed transferor plan, being the retirement plan in which I now have an interest, and wish to have transferred to another plan; and that the term "eligible retirement plan" refers to the IRA or other plan into which I have directed that my interest in NHRS be transferred.

Member's Name:	Member's Signature:	Date Signed:
State of:	County of:	
Signed and affirmed before me this _____ by _____		
<i>Date</i> <i>Member's Name</i>		
Signature of Notarial Officer:		
Title (Notary Public or Justice of the Peace):		
My Commission Expires:	Seal	

Acct-07
Revised 4/2018

The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.