



California State Teachers' Retirement System
Accounting Division - Accounts Receivable Unit
P.O. Box 15275 MS-11 Sacramento, CA 95851-0275
800.228.5453 www.calstrs.com
Form AR-0261(Rev 1/09)

CASH BALANCE
ROLLOVER CERTIFICATION FORM

Complete this form to request that CalSTRS accept a rollover to your Cash Balance Benefit Program employee account. A copy of this form is required for each distribution from each plan or financial institution from which you wish to rollover funds. Please mail the completed form to the address above.

I request that CalSTRS accept a rollover of pre-tax (tax-deferred) funds from another plan to the CalSTRS Cash Balance Benefit Program. I understand that CalSTRS cannot accept rollover of post-tax (not tax-deferred) funds.

Full Surrender Value (total amount in fund); Estimated account balance is \$

OR

Exact Dollar Amount of \$

The type of plan from which I wish to rollover funds is:

401(a) 401(k) 403(b) 457 IRA (Traditional or Conduit)

If you are rolling over a distribution from a conduit IRA, please attach certification from the other qualified plan to verify the IRA funds originated from a qualified plan. CalSTRS cannot accept rollovers from ROTH, SEP, SIMPLE or Coverdell IRAs.

Name of Financial Institution

Address of Financial Institution

Account Number

Contact Name and Telephone number (Including area code)

I understand that CalSTRS will rely on information contained in this form to determine whether or not to accept this rollover. I certify that such information is correct. I understand that failure to provide accurate information to CalSTRS may result in significant penalties from the IRS if my rollover is later found to be invalid.

Date Signature

Last four digits of your SSN Print Name

Telephone Number ()