



Rollover / Trustee-to-Trustee Transfer Acceptance (Form 9R)

13-9R
rev. 05/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-4258

Applications that have been altered in any way cannot be processed.

Print in ink or type all entries except signatures. Rollovers and trustee-to-trustee transfers will be accepted by TRSL to purchase service credit in TRSL if they are from one of the following sections of the Internal Revenue Code: 401(a), 401(k), 403(a), 403(b), 408(a), 408(b), or 457(b). The funds must be eligible for rollover/transfer into a 401(a) defined governmental benefit plan. The amount rolled over or transferred cannot exceed the total cost of the service credit to be purchased. If the funds exceed the cost of the purchase, they will be returned. This completed form must accompany the funds. Otherwise, the funds will be returned, and no service credit will be given.

Section 1 — Member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Your Social Security number (###-##-####)
Street address / PO box	City, state, zip
Daytime telephone (include area code)	Email address

I authorize the transfer of my eligible funds to the Teachers' Retirement System of Louisiana (TRSL) for the purposes of purchasing service credit. I also authorize the release of any information by the current plan provider to facilitate this transfer.

Amount of funds to be transferred to TRSL:

Member' signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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Section 2 — To be completed by the Plan Provider that currently holds the funds

Plan provider name	Plan type:
Street address / PO box	Qualified plans: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(a)
City, state, zip	Traditional IRA: <input type="checkbox"/> 408(a) <input type="checkbox"/> 408(b)
Authorized representative (PLEASE PRINT)	Tax-sheltered annuities: <input type="checkbox"/> 403(b)
Title	Deferred compensation plans: <input type="checkbox"/> 457(b)
Telephone (including area code)	Account number:

I certify that the funds being transferred to the Teachers' Retirement System of Louisiana are eligible for rollover/transfer and originate from a plan qualified under IRC 401(a), IRC 401(k), IRC 403(a) or (b), IRC 457(b), or IRC 408(a) or (b).

Authorized representative signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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Section 3 — TRSL acceptance (to be completed by TRSL)

TRSL is a 401(a) tax-qualified defined benefit plan and will accept funds that are eligible for rollover or transfer into a 401(a) tax-qualified defined benefit plan to purchase permissible service credit from the Plan Provider who is listed above and currently holding the funds. Once the funds are received, and should they be determined as ineligible for rollover/transfer, they will be returned to the transferring entity.

TRSL authorized representative signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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TRSL USE ONLY: Accepted: _____ Rejected: _____ Verifier's signature: _____
Comments: _____ Date: _____