

STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MARYLAND 21202

TRUSTEE-TO-TRUSTEE DISTRIBUTION FORM

FORM 193 (REV. 11/07)

SECTION I

To be completed by Payee and forwarded to Payee's financial institution

Last Name	First	M.I.	Social Security # - -
MISCELLANEOUS:			Day Time Phone # ( ) - -
HOME ADDRESS:			Ext _____
CITY:	STATE:	ZIP:	

TYPE OF DISTRIBUTION: Check [✓] Distribution Type:

- Withdrawal of Accumulated Contributions (Form-5)
- Withdrawal of Voluntary Funds (Form-742)
- Application for Payment of Lump Sum Deferred Vested Benefit (Form-742.1)
- Death Benefit (Surviving Spouse of Employee or Retiree) (Form-745)
- Withdrawal of Deferred Retirement Option Program (DROP) Account (Forms-505; 757)

Based on the distribution option I selected on my Withdrawal of Accumulated Contributions (Form-5), Withdrawal of Voluntary Funds (Form-742), Application for Payment of Lump Sum Deferred Vested Benefit (Form-742.1), Death Benefit Claim Form (Form-745) or Withdrawal of DROP Account (Forms-505; 757), I direct the SRA to do the following:

<p><b>Check [✓] only one option to indicate payment selection.</b></p> <p><input type="checkbox"/> Pay to me my designated flat dollar refund amount of \$ _____.</p> <p><b>OR</b></p> <p><input type="checkbox"/> Pay to me all federal "NON-TAXABLE" funds to be determined at time of payment.</p>
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**AND**

The account balance will be made payable to your designated IRA or Eligible Employer Plan. (Note: distributions to a 457(b) governmental plan or a 403(b) tax sheltered annuity may not exceed the taxable amount.)

I understand the Agency may issue two checks to me: one payable to my order and the other payable to the order of the IRA or Eligible Employer Plan that is to receive my distribution. I understand that I am responsible for promptly delivering the check for my distribution directly to the IRA or Eligible Employer Plan for processing, and I agree to do so.

SRA will not process more than one trustee-to-trustee distribution. Thus, if you want to move funds between IRA's and/or Eligible Employer Plans, contact the IRA or Eligible Employer Plan to which you are making the direct rollover to determine whether transfers are allowable.

I understand and agree to the above distribution conditions.

\_\_\_\_\_  
**PAYEE (Signature)**

\_\_\_\_\_  
**DATE**

If you need assistance in completing this application, telephone a retirement benefits counselor at 410-625-5555 or toll free at 1-800-492-5909.

**REVERSE SIDE MUST ALSO BE COMPLETED**

**SECTION II**

**(TO BE COMPLETED BY FINANCIAL INSTITUTION)**

**Verify Information in Section I.**

**Send completed form to: State Retirement Agency, 120 East Baltimore Street, Baltimore, Maryland 21202-1600**

Payee's Name: \_\_\_\_\_ Payee's Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NAME AND ADDRESS OF FINANCIAL INSTITUTION/ACCOUNT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DEPOSITOR ACCOUNT TITLE:** In order to properly prepare the check, the Retirement Agency needs the name of the financial institution/account into which the check will be made payable. Enter in the spaces below this information, up to 34 characters. The check payable to your designated financial institution/account will carry the notation "DIRECT ROLLOVER," and will contain the name for the individual indicated in Section I. For IRA's, the check will read payable to: [Information Below] as trustee of IND. RET. ACCT of [Payee in Section I]. For Eligible Employer Plans, the check will read payable to: [Information Below] FBO [Payee in Section I].

34 character input boxes for Depositor Account Title

**ENTER THE PAYEE'S ACCOUNT NUMBER (OPTIONAL):**

17 character input boxes for Payee's Account Number

**The arrangement selected by the Payee is: (Check [✓] one):**

Selection table for Traditional IRA, Eligible Employer Plan, and Plan Separately Accounts for After-Tax Contributions & Earnings

I confirm that the payee, account number and title are correct. Further, I confirm that the plan designated by the payee is (or is intended to be) a Traditional IRA, or an Eligible Employer Plan which includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax sheltered annuity; or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan), that the plan designated may accept such payment (including any after-tax contributions, if applicable) and that I am authorized to act on behalf of the designated plan and will accept the direct rollover for the payee and account for it as required by the Internal Revenue Code.

PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | DATE

AREA CODE/TELEPHONE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual's social security number, is required. The information is confidential and will be used only to process payment data from the State Retirement Agency of Maryland to the financial institution and its agent. Failure to provide the requested information may prevent or delay release or payment.

If you need assistance in completing this application, telephone a retirement benefits counselor at 410-625-5555 or toll free at 1-800-492-5909.