

REQUEST FOR REFUND OF ACCUMULATED DEDUCTIONS WHEN INDIVIDUAL IS ENTITLED TO VEST AND AUTHORIZATION FOR DISTRIBUTION

I, _____ am terminating my services with _____ County.
 (Print Name)

My last day of work will be _____.

I understand that I am not eligible to receive an immediate retirement allowance; however, I am eligible to vest which means I may separate from county service having completed five or more years of credited service, leave my accumulated deductions credited to my account in the Fund and upon reaching Superannuation Retirement Age receive a deferred retirement allowance. In acknowledging that to which I am eligible I am applying for a withdrawal of my total Accumulated Deductions (member contributions, pickup contributions and interest credits) in accordance with the County Pension Law, Act No. 96 of 1971 as amended.

Taxable Portion of Distribution (refund) eligible for rollover		\$ _____
414(h)(2) Pick-up Contributions	\$ _____	
Interest	\$ _____	
Non-Taxable (after tax) Member Contributions eligible for rollover		\$ _____
Total Distribution (Refund)		\$ _____

I have received, read and understand Form No. 27 the Notice of Rollover Options.

I am making the following election.

A I am choosing to have the following taxable portion \$ _____ and non-taxable portion \$ _____ of my distribution eligible for rollover "paid in a direct rollover".

You are authorized to make the check in the amount of \$ _____ payable to:

If IRA Sponsor

" _____ as trustee of Individual Retirement Account

Name of IRA Sponsor

of _____"

Name of Recipient

Check No. _____

If Eligible Employer Plan

"Trustee of _____ FBO _____" Check No. _____

Name of Eligible Employer Plan

Name of Recipient

 Address of IRA Sponsor/Eligible Employer Plan City State Zip Code

B I am choosing to have the following taxable portion of my distribution eligible for rollover in the amount of \$_____ “paid to me” subject to the required 20% Federal income tax withholding in addition to the non-taxable portion in the amount of \$_____.

Witness

Recipient

Date

Recipient Social Security Number