

**REQUEST FOR REFUND OF ACCUMULATED DEDUCTIONS AND AUTHORIZATION FOR
DISTRIBUTION**

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

My last day of work will be _____.

I understand that my length of service and age do not qualify me for any retirement benefits and I am applying for a refund of my total Accumulated Deductions (member contributions, pick-up 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 _____ " Check No. _____
Name of Recipient

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 member contributions in the amount of \$ _____.

Witness

Recipient

Date

Recipient Social Security Number