

## CHECK LIST FOR REFUND REQUESTS FROM CORP

1) Please Complete and Submit a **FORM C6 – APPLICATION FOR A SEPARATION REFUND OR DEFERRED ANNUITY:**

Complete the <b>top portion</b> of the C6 form.	<input type="checkbox"/>
Initial under <b>REFUND OPTIONS</b>	<input type="checkbox"/>
Initial under <b>TAXABLE MONIES</b>	<input type="checkbox"/>
Have the completed form notarized by a <b>notary public</b> (page 2). ***This form should be <i>initialed / signed only in the presence of a notary public.</i>	<input type="checkbox"/>
<b>Submit <u>Page 3-Employer Certification of Termination</u> to your employer’s payroll office.</b> If you are unable to have your employer complete page 3 of FORM C6, please return it blank and we will forward it to your former employer for completion; however, please be aware that this may delay your refund process. <b>If any of the above information is missing, it will delay the refund process.</b>	<input type="checkbox"/>

2) Please Complete and Submit **FORM U3 – LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS:**

If you are requesting your accumulated contributions to be paid directly to you, please <b>complete Section A only.</b>	<input type="checkbox"/>
If you wish to roll-over your taxable contributions to a qualified plan, you will need to <b>complete Section B and the <u>Financial Institution</u></b> must complete <b>Page 3 Agreement of Depository Trustee</b> of Form U3.	<input type="checkbox"/>
If you want a partial roll-over to a qualified plan and the balance forwarded to you, <b>please complete Section C. Please state how much you want rolled over and the name of the Financial Institution.</b> Important: the <b>Financial Institution</b> must complete <b>page 3 of Form U3.</b>	<input type="checkbox"/>
Have the completed form notarized by a <b>notary public</b> (page 2). ***This form should be <i>initialed / signed only in the presence of a notary public.</i>	<input type="checkbox"/>

3) Please Complete and Submit **FORM 13 – AUTHORIZATION TO DIRECT DEPOSIT REFUND CHECK:**

If you are depositing your funds to your <b><u>Checking Account</u></b> , please:	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Submit a copy of a Voided Check OR a Letter from your bank which states your Account and Routing number.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Submit a copy of a Picture ID (e.g. <i>driver’s license, a state issued photo ID or a passport</i>)</li> </ul> <b>***NOTE: A clear copy of both the front and back of the ID is required.</b>	<input type="checkbox"/>
OR	
<ul style="list-style-type: none"> <li>• If you are depositing your funds to your <b><u>Savings Account</u></b>, please:</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Submit a Letter from your bank which states your Account and Routing number OR a Deposit slip which has the required information.</li> </ul>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Submit a copy of a Picture ID (e.g. <i>driver’s license, a state issued photo ID or a passport</i>)</li> </ul> <b>***NOTE: A clear copy of both the front and back of the ID is required.</b>	<input type="checkbox"/>
Have the completed form notarized by a <b>notary public</b> (page 2). ***This form should be <i>initialed / signed only in the presence of a notary public.</i>	<input type="checkbox"/>

**If any of the above information is missing, it will delay the refund process. If you have any questions, contact the Active Members Group by email at [Activemembersgroup@psprs.com](mailto:Activemembersgroup@psprs.com) , or (602) 255-5575.**

**CORRECTIONS OFFICER RETIREMENT PLAN**

3010 East Camelback Road, Suite 200  
Phoenix, Arizona 85016-4416  
(602) 255-5575 | [www.psprs.com](http://www.psprs.com)

**FORM C6**  
**02/2024**

FAX: (602) 296-2368

Email: [ActiveMembersGroup@psprs.com](mailto:ActiveMembersGroup@psprs.com)

**APPLICATION FOR A SEPARATION REFUND OR DEFERRED ANNUITY**

(A.R.S. SECTION 38-884, ET. SEQ.)

PRINT MEMBER INFORMATION:			
NAME:		EMAIL:	
		SSN:	
MAILING ADDRESS			
(STREET)		(APT#)	(CITY, STATE & ZIP CODE)
PHONE NUMBER		BIRTH DATE: (MM/DD/YYYY)	

**MY CORP MEMBERSHIP EMPLOYMENT WITH** \_\_\_\_\_

**BEGAN ON** (MM/DD/YYYY) \_\_\_\_\_

**AND TERMINATED ON** (MM/DD/YYYY) \_\_\_\_\_

*I certify that I have terminated my employment; I have not been accepted for employment with any other CORP employer in a designated eligible position; I have not previously received a refund of my accumulated contributions to the CORP; the dates of membership and termination in this application and the periods of leave of absence without pay are correct; I understand the terms and requirements for the Refund Option and the Deferred Annuity Option below; and I make my election as indicated below:*

**REFUND OPTION**

By INITIALING \_\_\_\_\_ this Refund Option, I HEREBY make application for the refund of my member contributions to the CORRECTIONS OFFICER RETIREMENT PLAN (CORP) as well as any enhanced refund as provided by law. I understand that by **withdrawing my accumulated contributions, I TERMINATE MY MEMBERSHIP AND FORFEIT ALL RIGHTS TO BENEFITS** under the CORP and my rights to rehearing and appeal. I also understand that withdrawing my accumulated contributions results in forfeiture of my service credits in the CORP (A.R.S. § 38-884). Further, I understand that if I am again employed within two years by the same employer in a position covered under CORP, these service credits may be reinstated only if a written application for reinstatement is filed with the Board of Trustees within ninety (90) days after again becoming a covered employee and my refund contribution is re-deposited within one (1) year, along with applicable interest to date of re-deposit (A.R.S. § 38-884). I understand that if I **do not** withdraw my contributions and I obtain employment with an employer in a CORP covered position after my termination, my service credits will be transferred to my record with my new employer. Pursuant to A.R.S. Section 38-921, I may be entitled to transfer my service credits to a new retirement system upon subsequent employment in a position not covered by CORP and that by withdrawing my contributions, I am forfeiting all of these rights. If the refund includes taxable monies, I hereby acknowledge receiving and reading the special tax notice regarding these taxable monies. **If I elect the REFUND OPTION, a refund check will be mailed to the address shown above, or the designated financial institution(s) on the attached forms(s), or per my request will be direct deposited within 20 business days after this application is filed and my final wage deduction is transmitted to this office and my termination of covered employment has been verified by my employer.**

**DEFERRED ANNUITY OPTION - Effective for a member who terminates on or after September 30, 2009, according to H.B. 2326**

By INITIALING \_\_\_\_\_ this Deferred Annuity Option A.R.S. 38-911, I hereby elect to leave my accumulated contributions on deposit and receive a deferred annuity commencing on or after my 62nd birthday. I understand that I may elect this deferred annuity only if I have at least **ten years** of credited service in the CORP and my membership date is on or before **December 31st, 2011**. I also understand that if I die and I have accumulated contributions remaining in the CORP, those accumulated contributions will be paid to my designated refund beneficiary, if living, or to my designated contingent refund beneficiary, if living, or to my nearest living kin as selected by my local CORP board. A Deferred Annuity shall be a lifetime monthly pension actuarially equivalent to the member's accumulated contributions plus an amount paid by the employer, and shall commence on application, on or after the 62nd birthday. The Annuity is not a retirement benefit and annuitants are not entitled to receive any amount prescribed by section 38-887, 38-888, 38-904, 38-905 or 38-906. **All changes of address must be reported, in writing, to the local CORP board and the Board of Trustees.**

**TAXABLE MONIES (All monies contributed after July 1, 2000, are taxable monies)**

**\*\*\*You must complete the information below before a refund check is issued.**

By INITIALING \_\_\_\_\_, I understand and acknowledge the following:

1. I am aware that I have at least 30 days to decide whether I want to elect a direct rollover or to elect a cash distribution of my taxable monies and I am electing to waive this 30-day waiting period.
2. I have completed the Lump Sum Distribution Election Form that prescribes certain tax consequences regarding the above taxable monies.
3. I have received and read the special tax notice regarding these taxable monies and understand the tax consequences explained in the notice and election form.

**If this application form is not signed and notarized or if the LUMP SUM DISTRIBUTION ELECTION FORM is not completed, it will be returned which will cause a delay in the processing of any refund.**

Go to page 2 for the employee signature and *Notary Acknowledgement section* of the form.

*\*Page 1 and 2 of this form should be initialed & signed in the presence of a notary public.*

APPLICATION FOR A SEPARATION REFUND OR DEFERRED ANNUITY

FORM C6  
(pg.2) 02/2024

If you divorced during your employment, provide our office with a copy of your Divorce Decree or Domestic Relations Order.  
NOTE: A.R.S. §§ 38-860, 38-910, 38-822 states that if you have been involved in a divorce, the System/Plan is **not** liable for any benefits you receive. You are considered trustee to the funds and will be the sole party against with whom an action may be brought to recover the payment.

*I declare under penalty of perjury that the above information is true, correct, and complete to the best of my knowledge and belief.*

DATE

EMPLOYEE'S SIGNATURE

*\*Please date and sign in the presence of a notary public.*

NOTARY ACKNOWLEDGMENT

STATE OF ARIZONA

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally  
[Day] [Month] [Year]

appeared \_\_\_\_\_, whose identity was proven  
[Name of signer]

to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above / attached: Application for a Separation Refund or Deferred Annuity Form.

(Seal) [Affix Seal Here]

Notary Public [Notary Public Signature]

Go to page 3 for Employer Certification information.  
(Submit Page-3, Employer Certification of Termination to your employer's payroll office).

NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_

**EMPLOYER'S CERTIFICATION OF TERMINATION**

**INSTRUCTIONS:** The Employer must complete this Certification of Termination and send it back to the Board of Trustees with a copy to the Local Board.

**NAME OF EMPLOYER:** \_\_\_\_\_

Applicant's final wage period was from (MM/DD/YYYY): \_\_\_\_\_ through (MM/DD/YYYY) \_\_\_\_\_

Last date of employment: (MM/DD/YYYY) \_\_\_\_\_

Employee contributions for final wage period by applicant total \$ \_\_\_\_\_

(The Board of Trustees will deduct prior payments, if any, made by the CORP to or on behalf of the applicant to arrive at refundable accumulated contributions. A.R.S. Sections 38-884 and 38-899).

The undersigned representative of the employer hereby certifies that the applicant named above has actually terminated his employment and agrees that any excess refund paid to the applicant due to an overstatement of the total aggregate employee contributions shall be the liability of the employer. I also acknowledge that the membership date and termination date provided by the employee above corresponds with the information in our personnel files.

**EMPLOYER'S REPRESENTATIVE:**

SIGNATURE	TITLE	TELEPHONE NUMBER	DATE
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**If you were a member who became a member of the system before January 1, 2012, and if you have five or more years of credited service with the system you are entitled to receive additional monies according to the following schedule:**

- 5 to 5.9—25% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 6 to 6.9—40% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 7 to 7.9—55% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 8 to 8.9—70% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 9 to 9.9—85% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B.
- 10 or more—100% of member contributions deducted from the member's salary pursuant to A.R.S. § 38-891, subsection B, plus interest at 3% after 30 days if left on deposit.

Otherwise, if you were a member of the plan on or after January 1, 2012, accumulated member contributions shall be paid plus interest at a rate determined by the board. (Currently 3%)

All of the additional monies prescribed above are taxable monies. **NOTE:** Periods of time during which you were on a leave of absence without pay **do not** count as credited service.

**LEAVES OF ABSENCE WITHOUT PAY (Complete only if you have five or more years of credited service)**

During my periods of covered service, I have been on leave of absence without pay as indicated below: **(Initial and complete)**

(a) NONE			
(b) FROM (MM/DD/YYYY)	THROUGH (MM/DD/YYYY)	EMPLOYER	
FROM (MM/DD/YYYY)	THROUGH (MM/DD/YYYY)	EMPLOYER	
FROM (MM/DD/YYYY)	THROUGH (MM/DD/YYYY)	EMPLOYER	

**EMPLOYER'S CERTIFICATION OF INFORMATION  
(Complete only if the employee has five or more years of credited service)**

The undersigned representative of the employer hereby certifies that the periods of leave of absence without pay provided by the applicant named on the reverse hereof corresponds with the information in our personnel files.

**EMPLOYER'S REPRESENTATIVE:**

SIGNATURE	TITLE	TELEPHONE NUMBER	DATE
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**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM  
CORRECTIONS OFFICER RETIREMENT PLAN  
ELECTED OFFICIALS' RETIREMENT PLAN**

3010 East Camelback Road, Suite 200, Phoenix, Arizona 85016-4416

[www.psprs.com](http://www.psprs.com)

Email: [ActiveMembersGroup@psprs.com](mailto:ActiveMembersGroup@psprs.com)

FORM U3 Refunds

02/2024

P:(602) 255-5575

F: (602) 296-2368

**LUMP SUM DISTRIBUTION ELECTION FORM FOR REFUNDS**

**PRINT MEMBER INFORMATION:**

NAME:	
SSN:	
DATE OF TERMINATION:	

All or a portion of your refund/distribution may represent **TAXABLE** monies. If so, **you must complete the following** with regard to the **TAXABLE** portion of the distribution received. The non-taxable portion will be paid directly to you. Please review the special tax notice (Available On-Line) and consult with your tax advisor.

**PLEASE SELECT OPTION A, B OR C BELOW:**

**FULL REFUND/DISTRIBUTION TO MEMBER:**

Direct Deposit

Check

**A**

The PSPRS, CORP or EORP is directed to make full payment to me, the member, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding).

SIGNATURE OF MEMBER *(Sign and date above in the presence of a notary public)*

DATE

**OR**

**DIRECT ROLLOVER / TRUSTEE TRANSFER** *(Representative of Financial Institution must complete Page 3)*

The PSPRS, CORP or EORP is directed to mail the taxable portion only of my distribution to:

\_\_\_\_\_ for deposit in accordance with the

**B**

\_\_\_\_\_  
(Name of Financial Institution)

rollover provisions. The non-taxable portion will be paid directly to me.

SIGNATURE OF MEMBER *(Sign and date above in the presence of a notary public)*

DATE

**OR**

**PARTIAL ROLLOVER/TRUSTEE TRANSFER AND PARTIAL REFUND/DISTRIBUTION**

The PSPRS, CORP or EORP is directed to mail \$ \_\_\_\_\_ of my distribution to

\_\_\_\_\_  
(Fill in amount)

\_\_\_\_\_ for deposit in accordance with the Rollover provisions.

**C**

\_\_\_\_\_  
(Name of Financial Institution)

The remainder of the taxable portion, less any applicable withholding described in the Special Tax Notice received with this election form (20% Federal Withholding) and the non-taxable portion will be paid directly to me by:

Direct Deposit

Check (Check one)

SIGNATURE OF MEMBER *(Sign and date above in the presence of a notary public)*

DATE

If Option **B** or **C** is selected above, **THE FINANCIAL INSTITUTION MUST COMPLETE Agreement of Depository Trustee on Page 3**. Also, please refer to Page 3 for mailing instructions.

Go to page 2 for the Notary Acknowledgement section of the form and page 3 for financial institution agreement section of the form.

STATE OF ARIZONA

COUNTY OF \_\_\_\_\_ )

**NOTARY ACKNOWLEDGMENT**

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On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally  
[Day] [Month] [Year]

appeared \_\_\_\_\_, whose identity was proven  
[Name of signer]

to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above / attached: Lump Sum Distribution Election Form for Refunds.

(Seal) [Affix Seal Here]

\_\_\_\_\_  
Notary Public [Notary Public Signature]

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Go to page 3 for the Financial Institution section of the information and for mailing instructions.

**To be completed by the Financial Institution of the eligible Retirement Plan or IRA.**

**AGREEMENT OF DEPOSITORY TRUSTEE**

In accordance with the authorization of the depositor on the front of this form, we agree to deposit the forthcoming rollover / trustee to trustee transfer amount from the PSPRS, CORP or EORP in the following type of account:

<b>Check One:</b>	
<input type="checkbox"/>	1) Section 401(a) Qualified Defined Benefit Plan
<input type="checkbox"/>	2) Section 401(a) Qualified Defined Contribution Plan (includes Section 401K)
<input type="checkbox"/>	3) Section 403(a) Qualified Annuity Plan
<input type="checkbox"/>	4) Section 403(b) Tax Sheltered Annuity
<input type="checkbox"/>	5) Section 408(a) Traditional IRA (includes SEP IRA)
<input type="checkbox"/>	6) Section 408(b) Individual Retirement Annuity
<input type="checkbox"/>	7) Section 457 Governmental Deferred Compensation Plan

**Member's Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**The following portion must be completed by a representative of the financial institution (not the member).**

\_\_\_\_\_  
Name of Financial Institution (Trustee) Authorized Signature

\_\_\_\_\_  
Mailing Address Date

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

Return to: Board of Trustees  
c/o Public Safety Personnel Retirement System  
Corrections Officer Retirement Plan  
Elected Officials Retirement Plan  
3010 E Camelback RD, Suite 200  
Phoenix Arizona 85016-4416

**PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM  
CORRECTIONS OFFICER RETIREMENT PLAN  
ELECTED OFFICIALS' RETIREMENT PLAN**

3010 East Camelback Road, Suite 200

Phoenix, Arizona 85016-4416

[www.psprs.com](http://www.psprs.com)

(602) 255-5575

FORM 13-Refunds

02/2024

Fax (602) 296-2368

OR email to

[ActiveMembersGroup@psprs.com](mailto:ActiveMembersGroup@psprs.com)

**AUTHORIZATION TO DIRECT DEPOSIT OF A REFUND CHECK**

Section 6109 of the Internal Revenue Code mandates disclosure of your Social Security Number (SSN). We will use your SSN to obtain account information and to inform the Internal Revenue (IRS) of distributions and withholdings.

SECTION 1 – PRINT INFORMATION			
SSN		FORMER EMPLOYER	
DATE OF BIRTH (MM/DD/YYYY)		E-MAIL ADDRESS	
NAME (LAST)		NAME (FIRST)	
NEW ADDRESS?	MAILING ADDRESS – CITY, STATE, ZIP +4		
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
HOME PHONE # (with area code)	CELL # (with area code)	IF EX-SPOUSE, PROVIDE MEMBER'S NAME:	

SECTION 2 – FINANCIAL INFORMATION	
<b>CHECK ONE</b> <input type="checkbox"/> Checking <b>OR</b> <input type="checkbox"/> Savings	<b>ATTACH (REQUIRED)</b>  1. <b>VOIDED CHECK</b> from new account, OR LETTER from financial institution with <ul style="list-style-type: none"> <li>• Your name</li> <li>• Account and Routing number</li> <li>• Checking or Savings</li> </ul> 2. <b>COPY OF DRIVER'S LICENSE or I.D. card</b>
Routing# (9 digits):	
Account #:	
Financial Institution:	

SECTION 3 – <u>REQUIRED SIGNATURE</u> <i>(Electronic Signature cannot be accepted)</i>
My signature below authorizes the deposit of my refund check(s) to the institution above and to debit my account and reimburse the PSPRS for purposes of error corrections. I further authorize the financial institution to provide the PSPRS/EORP/CORP with my address/ contact information and name/address of joint account holders or legal representatives.

REQUIRED SIGNATURE	DATE

If signing as a POA of Guardian, if you not already done so, provide our office with a copy of your appointment papers.

**Go to page 2** for Notary Acknowledgment section of the form.

*\*Please sign and date in the presence of a notary public.*



**STATE OF ARIZONA**

COUNTY OF \_\_\_\_\_ )

**NOTARY ACKNOWLEDGMENT**

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On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally  
[Day] [Month] [Year]

appeared \_\_\_\_\_, whose identity was proven  
[Name of signer]

to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above / attached: Authorization to Direct Deposit of a Refund Check Form.

(Seal) [Affix Seal Here]

\_\_\_\_\_  
Notary Public [Notary Public Signature]

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## SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

This notice explains how you can continue to defer federal income tax on your retirement savings in the Public Safety Personnel Retirement System, Corrections Officer Retirement Plan or Elected Officials' Retirement Plan (the "Plan") and contains important information you will need before you decide how to receive your Plan benefits. Because PSPRS cannot provide you with tax advice and tax rules are complex, you may wish to consult a qualified tax professional before you made a withdrawal decision.

*Your Right to Waive the 30-Day Notice Period.* After receiving this notice, you have at least 30 days to consider whether to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election on the appropriate application indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical.

### **YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of a payment you are receiving from the "Plan" is eligible to be rolled over to an IRA or an eligible employer plan. This notice is intended to help you decide whether to do such a rollover. The term "IRA" as used in this notice includes only traditional IRAs and individual retirement annuities. It does not include Roth IRAs, SIMPLE IRAs, or Coverdell Education Savings Accounts. An "eligible employer plan" 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(b) tax sheltered annuity plan; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

Rules that apply to most payments from a plan are described in the "General Information about Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

### **GENERAL INFORMATION ABOUT ROLLOVERS**

#### **How can a rollover affect my taxes?**

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 ½ and do not rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59 ½ (or if an exception applies).

#### **Where may I roll over the payment?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

#### **How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59 ½ (unless an exception applies).

#### **How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy.
- Required minimum distributions after age 70 ½ (or after death).

- Corrective distributions of contributions that exceed tax law limitations.
- After-tax contributions. (At this time the Plan has not been amended to allow such contributions to be rolled over).

The Plan administrator or the payer can tell you what portion of a payment is eligible for rollover.

**If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?**

If you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of separation.
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary).
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee, and you are at least age 50 in the year of separation.
- Payments made due to disability.
- Payments after your death.
- Corrective distributions of contributions that exceed tax law limitations.
- Payments made directly to the government to satisfy a federal tax levy.
- Payments made under a qualified domestic relations order (QDRO).
- Payments up to the amount of your deductible medical expenses.
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001, for more than 179 days.

**If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

**Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

**SPECIAL RULES AND OPTIONS**

**If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. You will receive a separate payment for the after-tax contributions. At this writing the Plan does not have the authority to allow a direct rollover of your after-tax contributions.

**If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, Individual Retirement Arrangements (IRAs).

**If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

**If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

**If you are not a plan participant**

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions and the special rules for public safety officers do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59 ½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70 ½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70 ½.

**If you are a surviving beneficiary other than a spouse.** If you receive a payment from the Plan because of the participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive the required minimum distributions from the inherited IRA.

Payments under a qualified domestic relations order. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

**Other special rules**

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

**FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or payer, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; and IRS Publication 590, Individual Retirement Arrangements (IRAs). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 1-800-TAX-FORM.