



**COUNTY OF RIVERSIDE
PART-TIME AND TEMPORARY EMPLOYEES'
NEW 401(A) RETIREMENT PLAN
DISTRIBUTION REQUEST FORM** 6/30/04

Please complete both sides of this Distribution Request Form and sign on the back.

SECTION I – Participant’s Information

(Please print or type)

A. Participant’s Name _____ Social Security No. _____

Mailing Address _____

(Street & Apt. No.)

Check here _____

If a new address

(City, State, & Zip Code)

B. Date of Birth ____/____/____

Date of Hire ____/____/____

C. Telephone: Day Time (____) _____ Evenings (____) _____

If the participant is deceased, complete this form and return it to the Retirement Plan Unit who will contact you to provide more information. A certified copy of the death certificate will be required.

D. Name of Beneficiary _____ Telephone No. _____

Beneficiary’s Social Security Number _____

Relationship to Participant _____

Mailing Address _____

(Street & Apt. No.)

(City, State, & Zip Code)

E. Telephone: Day Time (____) _____ Evenings (____) _____

SECTION II – Distribution Election (To be completed by participant)

A. Distribution Options

Your distribution from the plan can be paid:

- As a Direct Rollover to a qualified retirement plan of another employer or an Individual Retirement Account (IRA),
- Directly to you as a lump-sum payment, or
- Partly as a Direct Rollover and partly as a lump-sum payment.

Any taxable distribution paid directly to you is subject to federal income tax withholding of 20%. Any part of your distribution paid as a Direct Rollover is not subject to withholding. Please read the

"Special Tax Notice Regarding Plan Payments" for additional information regarding the taxation of distributions.

B. Benefit Distribution Election (Circle the number below indicating how you want your benefit distributed.)

1. Pay the total distribution as a Direct Rollover. (Also complete Section C on the back of this form.)
2. Pay the distribution directly to me in a lump-sum payment (20% federal income tax withheld).
3. Pay \$_____ directly to me (20% federal income tax withheld) and \$_____ of the distribution as a Direct Rollover. (Also complete Section C of this form.) The amount paid to you and the amount as a Direct Rollover must add up to the total amount of your distribution.

C. Selection of IRA or Qualified Employer Plan for a Direct Rollover

If you are requesting a Direct Rollover to another qualified retirement plan or an IRA, the payment will be sent directly to you. You have 60 days to provide the payment to the qualified retirement plan administrator or your IRA sponsor.

1. IRA Rollover

Make check payable to _____
(Name of Trustee such as a Bank or Financial Institution)
for the benefit of _____
(Participant's Name)

2. Qualified Employer Plan Rollover

Make check payable to: Trustee of _____
(Name of Plan)
for the benefit of _____
(Participant's Name)

SECTION III – Participant's Authorization

Please read the following information and sign below to certify your distribution election. IRS regulations require us to give you at least 30 days from the date you receive this notice to decide how you want your retirement benefit distributed. You may be able to receive your benefit sooner if you waive this right. Please note that it generally takes at least 30 days to process the Retirement Plan distributions.

If you wish to waive the 30-day waiting period to receive your benefit, please initial here: _____.

Your signature below certifies that you received this *Distribution Request Form* and the *Special Tax Notice Regarding Plan Payments* at least 30 days before your retirement plan distribution date or that you waive the 30-day waiting period and elect to receive your distribution as soon as administratively possible. It further certifies that prior to making my election and signing this form, I have read the *Special Tax Notice Regarding Plan Payments* and understand that it is my responsibility to confer with my tax advisor as to my election.

Participant's
Signature _____ Date _____

Return form to: County of Riverside; Human Resources Dept., PO Box 1569, Riverside, CA 92502-1569; Attn: Retirement Unit

**COUNTY OF RIVERSIDE
PART-TIME AND TEMPORARY EMPLOYEES'
RETIREMENT PLAN**

FEDERAL TAX WITHHOLDING ELECTION

If you have elected to receive a partial or total lump sum distribution from the County of Riverside Part-time and Temporary Employees' Retirement Plan, the taxable portion of that benefit is subject to federal and California state income tax. If the amount of your distribution is less than \$200, the County of Riverside is not required to withhold federal income taxes. However, if you do not elect to have federal tax withheld from your distribution or you do not have enough federal income tax withheld, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

FEDERAL WITHHOLDING TAX ELECTION

If you elect to have federal income tax withheld from your distribution, the minimum amount to be withheld is 20% of your total taxable distribution. You may also elect to have an additional dollar amount above the 20% rate withheld. Put a check mark below next to the federal income tax withholding option you are electing for your partial or full lump sum distribution from the County of Riverside Temporary and Part-time Employees' Retirement Plan.

- _____ 1. I **elect to have** 20% withheld for federal income tax on my total taxable lump sum distribution.

- _____ 2. I **elect to have** 20% withheld for federal income tax on my total taxable lump sum distribution **plus** an additional amount of \$ _____.

- _____ 3. I **elect not to have** federal income tax withheld on my total taxable lump sum distribution.

I understand that if I elect not to have federal income tax withheld, I am still liable for the payment of federal income tax on the taxable portion of my distribution. I am also aware that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Participant's Name (please print): _____

Participant's
Signature: _____ Date: _____

Return form to: County of Riverside; Human Resources Dept., PO Box 1569, Riverside, CA 92502-1569; Attn: Retirement Unit

**COUNTY OF RIVERSIDE
PART-TIME AND TEMPORARY EMPLOYEES'
RETIREMENT PLAN**

CALIFORNIA STATE TAX WITHHOLDING ELECTION

If you have elected to receive a partial or total lump sum distribution from the County of Riverside Part-time and Temporary Employees' Retirement Plan, the taxable portion of that benefit is subject to federal and California state income tax. California does not have a mandatory tax-withholding requirement. However, if you do not elect to have California tax withheld from your distribution or you do not have enough California income tax withheld, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Federal law prohibits states from taxing retirement income received by nonresident individuals, therefore, no California income tax is to be withheld from pension recipients who reside outside of California.

CALIFORNIA WITHHOLDING TAX ELECTION

If you elect to have California state income tax withheld from your distribution, the minimum amount to be withheld is 2% of your total taxable distribution. You may also elect to have an additional dollar amount above the 2% rate withheld. Put a check mark below next to the California state income tax withholding option you are electing for your partial or full lump sum distribution from the County of Riverside Temporary and Part-time Employees' Retirement Plan.

- 1. I **elect not to have** California state income tax withheld on my total taxable lump sum distribution.

- 2. I **elect to have** 2% withheld for California state income tax on my total taxable lump sum distribution.

- 3. I **elect to have** 2% withheld for California state income tax on my total taxable lump sum distribution **plus** an additional amount of \$ _____.

- 4. I **elect to have** California state income tax withheld on my total taxable lump sum distribution in a flat dollar amount of \$ _____.

I understand that if I elect not to have California income tax withheld, I am still liable for the payment of California income tax on the taxable portion of my distribution. I am also aware that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Participant's Name (please print): _____
Participant's
Signature: _____ Date: _____

Return form to: County of Riverside; Human Resources Dept., PO Box 1569, Riverside, CA 92502-1569; Attn: Retirement Unit