



**POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT
 WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN
 (ANNUITY SAVINGS FUND)**

Employee Name: _____ Date of Application: _____
 Pension Number: _____ Last 4 digits of SSN: _____
 Date of Birth: _____ Phone: _____

TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM

I have attained or will attain eligibility for withdrawal of my Defined Contribution Plan (Annuity) amounts due to the following reason (choose one selection below):

- | | |
|---|---|
| <input type="checkbox"/> Service Retirement | <input type="checkbox"/> Death of employee (Date: _____) |
| <input type="checkbox"/> Separation from Service | <input type="checkbox"/> EDRO (Eligible Domestic Relations Order) |
| <input type="checkbox"/> Laid-off | <input type="checkbox"/> 20/25 Year Withdrawal Provisions |
| <input type="checkbox"/> Conversion from Disability | <input type="checkbox"/> Quarterly Interest Withdrawal (Retired Only) |

If you are completing this form due to a death or EDRO please complete below within this box. *Please note this box is not to be used for electing a beneficiary.*

RECIPIENT/BENEFICIARY NAME: _____ **SSN: _____

DATE OF BIRTH: _____ PHONE: _____

**Your full social security number is needed in order to accurately report your annuity distribution to the Internal Revenue Service.

Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows (initial in the space provided):

_____ Total withdrawal _____ Partial withdrawal: \$ _____

If partial withdrawal, write out the dollar amount:

To be distributed as follows:

If requesting more than pre-1982 contributions you must select from options 1, 2, OR 2 and 3 below (initial in the spaces provided):

1. _____ I request that full payment be made to me. I acknowledge that twenty (20%) percent of the taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

2. I request a direct rollover of the otherwise taxable portion as follows (Choose A OR B and initial in the space provided):

A: _____ All of the otherwise taxable portion (in which case no withholding will apply to me)

B: _____ A portion totaling \$ _____ of the otherwise taxable portion

Of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me.

Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, 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).

3. _____ I request a direct rollover of the non-taxable portion as follows (Choose C OR D and initial in the space provided):

C: _____ All of the otherwise non-taxable portion.

D: _____ A portion totaling \$ _____ of the otherwise non-taxable portion.

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement

System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

Signature of Witness: _____	Date: _____
Address of Witness: _____	
City, State, & Zip Code: _____	

Signature of Recipient: _____	Date: _____
Address of Recipient: _____	
City, State, & Zip Code: _____	

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.



Notary Public

County State

My Commission Expires (Date)

Processed by: _____

Date: _____