

DISTRIBUTION ELECTION FORM

You have 30 days to consider your options.

Complete and return an IRS Form W-9, Request for Taxpayer Identification Number and Certification, for all refunds and rollovers.

| | | | |
|---|--------------------------|----------------------------|----------------------------------|
| Print Name | Social Security # | Last Day on Payroll | Dept. Last Employed |
| Mailing Address | City | State | Zip Code Telephone Number |
| CHOOSE FULL REFUND, PARTIAL REFUND OR DIRECT ROLLOVER BELOW FOR YOUR FINAL DISTRIBUTION: | | | |

I request that the full or partial distribution be paid directly to me. *(Allow 8-10 weeks for processing.)*

FULL REFUND **PARTIAL REFUND** (of balance not rolled over)

If the taxable refund is \$200 or more, I understand that 20% of the taxable portion of the final distribution will be withheld by LACERS for federal income taxes. I also understand that if I am under age 55 the year I separate from City service, 10% Federal and 2½% State *early withdrawal penalties* may apply to the taxable portion of the distribution.

I want to withhold California State Tax (2% of taxable amount). Yes No

I will pick up the check at LACERS. Yes No If you select "No", your check will be mailed to the address you provided above.

DIRECT ROLLOVER: I request a direct rollover of the taxable portion of the final distribution: (Select one from below)

Full amount of my taxable refund OR Partial amount of my taxable refund in the following amount \$ _____

FOR REFUND OR ROLLOVER ONLY - Read and sign below.

I have received and read the two-page LACERS *Tax Notification* sheet. I have been advised that I may consult a tax advisor and that I have a right to consider my options for 30 days before making the above distribution election. I also understand that I am waiving this right if I sign below within 30 days of receiving this form. I understand that if I am a Member, I may be eligible for a Disability Retirement allowance now or a Vested Retirement allowance in the future, if I meet the eligibility requirements for my respective Tier. I further understand that by withdrawing my Accumulated Contributions, I lose every right I may have to a Disability or Vested Retirement allowance, and waive my rights to Tier 1 benefits if I should return to City Service on or after 07/01/2013.

| | |
|--------------------------|------------|
| Member's Signature _____ | Date _____ |
|--------------------------|------------|

NOTARIAL ACKNOWLEDGMENT REQUIRED IF YOU DO NOT SIGN THIS FORM IN LACERS OFFICE AND THE REFUND IS \$200.00 OR MORE.

State of _____ } County of _____ }
 On _____ before me, _____, Notary Public, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Signature of Notary

FOR RECIPROcity ONLY - Read and sign below.

WARNING TO MEMBERS: If you are going to work for another California governmental agency within six months, DO NOT WITHDRAW your contributions until you have contacted our office to obtain information about Reciprocity. Sign here if you believe you may be eligible for Reciprocity.

| | | |
|-----------------|------------|-------------------|
| Signature _____ | Date _____ | Agency Name _____ |
|-----------------|------------|-------------------|

| |
|---|
| Received and filed on _____, 201_; by mail <input type="checkbox"/> /in person <input type="checkbox"/> . Attest: _____ Dept. # _____ |
|---|

ROLLOVER INFORMATION FORM

GENERAL INFORMATION *(To be completed by financial institution)*

| | | | |
|--|--|-----------------------------------|----------------|
| Name of Financial Institution to receive Direct Rollover | | Telephone Number | |
| Mailing Address | City | State | Zip Code |
| Type of Plan: (Please select one) | | | Account Number |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Qualified Retirement Plan | <input type="checkbox"/> Roth IRA | |

INFORMATION FOR DIRECT ROLLOVER CHECK *(To be completed by financial institution)*

Provide the "Check Payable To" information:

Indicate your institution as trustee, i.e., "[Full name of your company] as Trustee of the IRA of [account owner's name]"

I understand that the Los Angeles City Employees' Retirement System (LACERS) is a 401(a) qualified employer plan and confirm that this retirement plan will accept this direct rollover from LACERS and that this retirement plan is eligible to receive these funds.

Signature – Officer of Financial Institution

Date

READ AND SIGN BELOW *(To be completed by person requesting rollover)*

I fully understand that I am responsible for providing LACERS the correct information for a direct rollover and that the plan designated above is an "eligible retirement plan" qualified to receive a direct rollover.

I also understand that the check will be made payable only to the trustee of the account and not to me, as in the following example: "Payable to XYZ Bank as Trustee of the IRA of John Doe."

Signature - Person Requesting Rollover

Date

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.