



Distribution/Direct Rollover Request Governmental 457(b) Plan

Refer to the Participant Distribution Guide while completing this form. Use blue or black ink only. All pages must be returned excluding the Participant Distribution Guide and the 402(f) Notice of Special Tax Rules on Distributions.

County of Los Angeles Pension Savings Plan

98996-05

Participant Information

Last Name		First Name	MI	Social Security Number		
Address - Number & Street						
City		State	Zip Code	Account Extension (if applicable)		
()		()		Has this account already been transferred to the spousal Claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Married <input type="checkbox"/> Unmarried Please Select One: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Other: _____ Country of Residence: _____ (Required)		
Home Phone		Work Phone		Mo	Day	Year
Date of Birth						

Beneficiary Account - If you acquired this account due to the death of the participant, please complete a Death Benefit Claim Request form.

Note: If you have over \$1,000.00 in your account, in order to receive your money, you must elect to take a distribution by completing and returning this form. If you have over \$1,000.00 in your account, and you do not complete and return this form, distribution of your account will be delayed until you make a request to receive benefits in the future or the later of when you reach age 70 1/2 or sever County employment. If you have \$1,000.00 or less in your account and you do not elect to take a distribution, your distribution may be delayed for 24 months following your separation from service.

If you have been separated from service for at least 24 months when you receive your distribution package and your account balance is \$1,000.00 or less, your account will be automatically distributed to you unless you complete and return this form within 30 days.

Distribution Reason

- Severance of Employment - Date: _____ Retirement - Date: _____ Minimum Distribution - Age 70 1/2 or older. (Not available for participants that are still in service)

Severance of employment must be verified by the County. Confirmation may take up to 60 days from severance date.

Distribution Method - Required Effective Date: _____

See Distribution Guide for a detailed description of your options. If you are under age 50, or your account balance is \$5,000.00 or less, you may only take a full distribution as a payment to self, direct rollover or combination of the two.

- Full Distribution/Rollover
- Partial Distribution/Rollover
- Amount \$ _____ Net Amount 1st Contribution Source: _____
- Amount \$ _____ Net Amount 2nd Contribution Source: _____
- Periodic Payment - Also complete Periodic Payment Options below. (See Distribution Guide for age and account balance restrictions)

Payment and Rollover Options

- Payment to Self
- Combination - Partial Distribution to Me and Partial Rollover
- Payment to Self \$ _____ Net Amount
- Direct Rollover \$ _____ (Also complete Direct Rollover information below)



Last Name

First Name

MI

Social Security Number

Periodic Payment Options (Available only if you are at least age 50 with an account balance of more than \$5,000.00.)

Check this box if you are making a change to an existing payment.

Payment Start Date: _____ Frequency: Monthly Quarterly Semi-Annually Annually

Payment of an Amount Certain \$ _____ (Gross Amount Only) (Not to exceed 20 years)

Payment for a Period Certain (Specific number of years) _____ (Not to exceed 20 years)

Annuity Purchase With Another Provider (Available only if you are at least age 50 with an account balance of more than \$5,000.00.)

Name of Provider _____
(attach annuity provider form)

Direct Rollover - Complete Company Information section

Direct Rollover to an Eligible Plan: Governmental 457(b) - Including Horizons 401(a)/401(k) 403(b)

Direct Rollover to a Traditional IRA

Direct Rollover to a Roth IRA - Subject to ordinary income taxes

If you are requesting a full withdrawal as a direct rollover and you have not yet met your required minimum distribution for the year and you are age 70 1/2 or older by the end of the year and are no longer working for the employer sponsoring this Plan, provide the amount of your required minimum distribution below. Note: The required minimum distribution cannot be rolled over. If you have not yet satisfied your required minimum distribution for the year, your required amount must be distributed prior to processing a rollover.

Required minimum distribution amount \$ _____

Do you wish to have 10% federal income tax withheld from your required minimum distribution? Yes No

Additional amounts may be withheld at your request - Federal \$ _____ State \$ _____

Direct Rollover Company Information - Check box if this is an internal rollover to Horizons Plan.

Company or Trustee's Name (to whom the check should be made payable) _____ Account Number _____

Mailing Address _____ () _____

City/State/Zip Code _____ Phone Number _____

Distribution Delivery (If no option is selected, a check via standard mail to address of record will be issued.)

Check to address of record Alternate Mailing Address - _____

Express Delivery - \$25.00 non-refundable charge - Not available for periodic payments. Express delivery available Monday through Friday only.

ACH - Available on periodic payments at no charge. Available on one-time full/partial distribution payment to self for a \$15.00 non-refundable charge. ACH credit can only be made into a United States financial institution. Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

Checking Account - must attach preprinted voided check

Savings Account - must attach a letter on financial institution letterhead signed by a representative of the financial institution that includes your name, savings account number and ABA routing number

Financial Institution Name _____ Account Number _____ ABA Routing Number _____

Financial Institution Mailing Address _____ City _____ State/Zip Code _____

Last Name

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MI

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Federal and State Income Tax Withholding - Applies to all applicable money sources

Federal Income Tax - We will withhold all required federal income tax withholding based on the type of distribution you request.

If you would like **additional** federal income tax withheld, indicate amount \$ _____ or _____% of the distribution amount.

Do NOT withhold federal income tax from my required minimum distribution (age 70 1/2).

State Income Tax - If you live in a state that mandates state income tax withholding, it will be withheld regardless of any selection below.

Check here if you live in a state that does NOT mandate state income tax withholding and would like state income tax withheld.

Check here if you do not want state income tax withheld (only available to the residents of the states that allow electing out of state withholding).

If you would like **additional** state income tax withheld, indicate amount \$ _____ or _____% of the distribution amount.

Note: If you do not make an election above, state income tax will not be withheld unless you reside in a state that mandates state income tax withholding.

Your Consent and Signature and Date

Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature acknowledges that I have received, read, understand and agree to all pages of the Distribution/Direct Rollover Request form for Governmental 457(b) Plans, the Participant Distribution Guide and the 402(f) Notice of Special Tax Rules on Distributions, and affirms that all information I have provided is true and correct. By requesting my distribution via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit. I understand that any election on this Distribution Form is effective for 180 days. I understand that it is entirely my responsibility to ensure that this election conforms with all applicable provisions of the Internal Revenue Code (the "Code") and County Code 5.19 and that the Plan into which I am rolling money over will accept the dollars, if applicable. I understand that I am liable for any income tax and/or penalties assessed by the IRS for any election I have chosen. I understand that once my payment has been processed, it cannot be changed or reversed. In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require that I complete a new form or provide additional or proper information before the transaction can be processed.

I understand that for at least 30 days after my receipt of the 402(f) Notice of Special Tax Rules on Distributions, I have the right to consider whether to consent to a distribution of my vested account balance or elect a direct rollover of any vested portion of my eligible rollover distribution. By signing this form less than 30 days after I received the 402(f) Notice of Special Tax Rules on Distributions, I affirmatively waive any unexpired portion of the 30 day period and affirmatively elect a distribution from my account pursuant to this Distribution/Direct Rollover Request form.

Participant Signature

Date (Required)

Participant forward to:
Great-West Retirement Services®
PO Box 173856
Denver, CO 80217-3856
Phone #: 1-800-947-0845
Fax #: 1-866-745-5766
Web site: www.countyla.com

Signature(s) of Acceptance (To be completed by Plan Administrator or Trustee accepting rollover if a rollover is elected.)

By signing below, as the new Plan Administrator/Trustee, I certify the Plan Document does permit for the acceptance of this money.

New Authorized Plan Administrator/Trustee Signature

Date

Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FASCore, LLC (FASCore Administrators, LLC in California), First Great-West Life & Annuity Insurance Company, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, First Great-West Life & Annuity Insurance Company. Other products and services may be sold in New York by FASCore, LLC.