



Pension Savings Plan
County Of Los Angeles
DISTRIBUTION REQUEST FORM

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Employee #: _____

Street Address: _____ Social Security #: _____

City: _____ State: _____ Zip Code: _____ Birthdate: _____

Home Phone #: () _____ Work Phone #: () _____ Separation from Service Date: _____

BENEFIT ELECTION INFORMATION

You must make an election within 30 days from your last day worked with the County of Los Angeles. If you have over \$1,000 in your account, you must complete this form in order to receive your monies. Your monies will remain in your account if you fail to make an election. A participant with an account balance under \$1,000 will receive an automatic distribution. A check will be mailed to your last known address within 60 - 90 days of your last day worked, unless rehired.

BENEFIT ELECTION (CHECK ONE ONLY)

_____ Please send me the funds in my account in a single lump sum payment (Federal & State Taxes will be withheld).

_____ Please RETAIN the funds in my account (for up to 24 months) until I return to County employment or request a lump sum payment.* If I do not return to County employment within 24 months, the County will close my account and send my monies during the 25th month to my last mailing address on record.

_____ I have over \$5,000.00 in my account, please RETAIN the funds in my account until I retire from County Service, or attain the age of 50, or a higher age not to exceed age 70 1/2.*

_____ I would like to transfer my entire account balance into another retirement plan (401 (a), 401 (k) 403 (b)) (Roth and SEP IRAs transfers are not allowed). Attached is the Plan to Plan Transfer Form furnished by the receiving company.

_____ I am retiring. Please send me retirement distribution options information. I understand that I have 45 days from your receipt of this notification to choose a retirement distribution option, or my funds will be sent to me in a single lump sum payment.

*To ensure that you receive your bi-annual statements of your Pension Savings Plan account, please notify the Pension Savings Plan Unit of any change of address in writing. You will be receiving a confirmation letter within thirty days of your request to retain your funds. If you do not receive a confirmation letter, please call (213) 738-2252.

1099R INFORMATION

_____ My address will remain the same when I receive my 1099R form in January.

_____ My address will be different in January. My new address:
City: _____ State: _____ Zip Code: _____ Telephone #: () _____

I have read and understand the above provisions and selected the above election.

Participant's Signature: _____ Date: _____

SAVE THIS REQUEST FORM UNTIL YOU LEAVE COUNTY SERVICE

Mail completed form to:
County of Los Angeles Pension Savings Plan
Department of Human Resources
3333 Wilshire Boulevard, 10th Floor
Los Angeles, CA 90010