

VESTED MEMBERS
EL PASO COUNTY RETIREMENT PLAN APPLICATION FOR RETURN OF OR
OPTION TO VEST EMPLOYEE CONTRIBUTIONS

2880 International Circle, Suite N030, Colorado Springs, CO 80910
Phone (719) 520-7490 Fax (719) 520-7495

NAME _____ SEX _____ MARITAL STATUS _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

MAILING ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

HOME PHONE NUMBER _____

DEPARTMENT _____

DATE OF HIRE _____

DATE OF SEPARATION _____

_____ I hereby elect to receive my accumulated contributions and interest in the form of a lump sum distribution. I understand that the El Paso County Retirement Plan must, according to Federal Law, withhold 20% of my refund for Federal Income Tax. I also understand that, according to Federal Law, this refund is subject to an additional 10% early distribution penalty if I have not attained the age of 59½. Upon removing my contributions from the Plan, I understand that I am forfeiting any future benefits payable under the Plan.*

_____ Mail a check to the above mailing address

_____ Deposit the payment directly into my bank account (Please provide a voided check or deposit slip)

Bank Name _____

Routing Number (9-digit number bottom left check/deposit slip) _____

Account Number _____ (_____ checking _____ savings)

_____ I hereby elect to have my accumulated contributions rolled into an Individual Retirement Account, a Roth IRA or any plan subject to the provisions of , 401(k) 408(a), 408(b), 403(a), 403(b), 401(a) or 457(b) of the Internal Revenue Code. *

Financial Institution _____

Is this a Roth IRA? Yes _____ No _____

Account Number _____

Address _____

_____ I hereby elect to rollover the amount of \$ _____ into an Individual Retirement Account, a Roth IRA or any plan subject to the provisions of 401(k), 408(a), 408(b), 403(a), 403(b), 401(a) or 457(b) of the Internal Revenue Code and to receive the remainder of my accumulated contributions and interest in the form of a lump sum distribution. I understand that the El Paso County Retirement Plan must, according to Federal Law, withhold 20% of my lump sum distribution for Federal Income Tax. I also understand that, according to Federal Law, this lump sum payment is subject to an additional 10% early distribution penalty if I have not attained the age of 59½.*

_____ I hereby elect to remain vested in the El Paso County Retirement Plan. I understand that I am eligible to begin a lifetime benefit anytime between the age of 55-61 at a reduced rate of 3% for each year you are under the age of 62 or at age 62 or the Rule of 75 (if applicable) with no reduction. I understand that I have the right to elect a refund of my accumulated contributions and interest at anytime.

**If you are married and you remove your contributions from the Retirement Plan in the form of a lump sum distribution paid to you or a direct rollover into an IRA or Qualified Retirement Plan, your spouse must sign this form in front of a Notary Public or Retirement Plan Representative.*

IF taking a refund of contributions or electing a rollover of contributions, you CANNOT be reemployed by the County within 90 calendar days of the separation date used above to trigger this return of contributions. If that happens, you must notify this Office IMMEDIATELY, and REPAY the contributions so withdrawn, as this is a violation of Plan Policy and IRS regulations. I hereby affirm I do not have a formal or informal understanding or agreement to be rehired by El Paso County after terminating employment and that I have read and understood the rehiring policy and its consequences as stated above.

Member Signature _____ Date _____

*Spouse Signature _____ Date _____

Notary or Plan Representative _____ Date _____

My Commission Expires: _____ (if Notary) (NOTARY SEAL)