



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION
60 Empire Drive, Suite 200, St. Paul, MN 55103-2088

**DEFINED CONTRIBUTION PLAN WITHDRAWAL FOR ACTIVE EMPLOYEES AGE 65 OR OLDER
REFUND, DIRECT ROLLOVER, OR TRUST TRANSFER**

ELIGIBILITY: Members employed by a Minnesota public employer and at least age 65 may elect a distribution of all or a portion of their Defined Contribution Plan (DCP) account no more than once each calendar year. The minimum amount of a distribution for either a full or a partial withdrawal is \$5,000.

INSTRUCTIONS: Only applications with original signatures will be processed. Complete Part A and B and sign in the presence of a notary public. Federal law requires that you include your Social Security number for tax purposes. For other facts about the data requested, see "Important Facts about Information Requested" on the reverse side. Complete BOTH sides of this form for a direct rollover or trust transfer (Part C is located on the reverse side).

DO NOT SUBMIT THIS FORM BY EMAIL OR FAX.

PART A—MEMBER INFORMATION		
Last Four Digits of Your Social Security No.	Birth Date (Mo. Day Yr.)	PERA ID No.
Last Name (Print)		First Name & Middle Initial
Mailing Address (Print)		
City	State	Zip Code
<p>Check the box that applies. If you do not check a box and do not provide complete Trust-to-Trust transfer instructions on the reverse side of this form, your total distribution, LESS 20 PERCENT for federal tax withholding, will be sent to you.</p> <p><input type="checkbox"/> Send my refund to me OR <input type="checkbox"/> Send my refund as instructed in Part C (Trust-to-Trust Transfer)</p>		
PART B—DCP WITHDRAWAL INFORMATION		
<p>Indicate below whether you wish to receive a full or partial refund of your DCP account. If you wish to withdraw a portion of your DCP account, PERA will sell shares based on the percentage you selected for each DCP investment fund. If a sufficient balance is not available in any particular investment fund, the remainder will be allocated proportionately.</p> <p><input type="checkbox"/> Full Refund - DCP account must have a minimum balance of \$5,000</p> <p><input type="checkbox"/> Partial Refund in the amount of: _____ (minimum \$5,000 - whole dollars only)</p>		
THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC		
<p>Subscribed and sworn to before me this _____ day of _____, Year _____</p> <p>_____</p> <p>Signature of Notary</p> <p>Notary Public of _____ County.</p> <p>My Commission expires : _____</p> <p>(SEAL)</p>		<p>I understand the tax consequences of taking a refund. I further realize that by law PERA has up to 120 days after receipt of this application to process my refund or trust transfer.</p> <p>_____</p> <p>Signature of Applicant</p> <p>(_____) _____</p> <p>Daytime Telephone Number</p>

PART C—DIRECT ROLLOVER OR TRUST INFORMATION

This section of the form is to be completed only if you wish to have your refund directly transferred from PERA to a qualified plan (a Trust-to-Trust transfer or direct rollover). Your PERA refund may include contributions that were already taxed. If you have taxed contributions, that portion is not subject to federal withholding requirements. Employer contributions are not refunded or transferred from PERA’s defined benefit plans.

PERA is not responsible for your choice of a qualified plan or Individual Retirement Arrangement (IRA) for your Trust-to-Trust transfer.

Indicate below whether you wish to rollover all or some of your refund to a qualified plan or IRA. If you wish to have a portion of your refund sent to you and the balance rolled over, you must indicate the amount you wish to receive. Please note that 20 percent federal withholding tax will be deducted from any amount paid to you, unless it represents already taxed contributions.

- Send entire amount of contributions to the trustee designated below.
- Send a portion of my refund indicated below to me and transfer the remaining amount to the IRA or trust account designated below:

Please send _____ to me.
(Whole Dollars Only)

TO BE COMPLETED BY THE QUALIFIED PLAN/IRA DESIGNATION

Check Payable to (Print)

Address (Print)

City

State

Zip Code

Trust/IRA Account Number for Deposit: _____

Please check this box if this account is a Roth IRA:

Qualified Plan/IRA Contact Person

Telephone No.

IMPORTANT FACTS ABOUT INFORMATION REQUESTED

The information on this application will be used to refund a member’s PERA contributions pursuant to Minnesota Statutes. All information on this application, except the last four digits of your Social Security number, your address, your birth date, and tax information, is classified as PUBLIC data that can be given to anyone for any purpose. The last four digits of your Social Security number, your address, your birth date, and tax withholding data are classified as PRIVATE data and are available only to you, to the staff who must use it in the normal course of conducting PERA business, and to entities authorized by law. No private data of yours will be shared with an unauthorized person or agency without your informed written consent.

Refunds that include untaxed contributions and/or interest of over \$200 are subject to federal tax withholding of 20 percent. Federal income tax will not be withheld on any amounts you elect to directly rollover to an IRA. PERA will issue an IRS Form 1099R to you in January of the following year for use in reporting this payment to the IRS.

PLEASE MAIL OR DROP OFF FORM TO:

Public Employees Retirement Association
60 Empire Drive, Suite 200
St. Paul, MN 55103-2088

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