Introduction Application for Withdrawal of Accumulated Total Deductions

Form Last Revised: June, 2011

The Application for Withdrawal of Total Accumulated Deductions allows an eligible member to receive a refund of the total accumulated deductions in his or her annuity savings (retirement) account. An eligible member is one who:

- has terminated his or her employment with a governmental unit;
- is not receiving workers' compensation;
- is not seeking to be restored to his or her position; and
- is not accepting a position in the service of the Commonwealth or one of its political subdivisions.

Members are strongly advised to review the following:

- If you have over ten years of creditable service, you may currently be or might become eligible for a retirement allowance. By taking a withdrawal of your accumulated total deductions, you will lose any right to this retirement allowance. Before proceeding with a withdrawal, you should ask your retirement board for a personalized estimate of any benefits that you will forego by withdrawing.
- Taking a refund of your total accumulated deductions terminates your rights in the retirement system and may subject you to tax consequences. For distributions made after January 1, 2002, please be aware that your options of an eligible retirement plan for transferring your deductions have been expanded dramatically. Please carefully review the "Special Tax Notice" that accompanies this application. If you have unresolved concerns, you may wish to consult with an attorney or a tax professional.
- The amount of interest that members receive will vary, depending upon the years of creditable service and the nature of the separation from employment.
- Your employer must certify the termination of your employment, that you owe no obligation to the employer under an employee benefit plan, and sign this application.
- Your retirement board will determine if you are eligible for a refund of your total accumulated deductions.

Instructions

Members must complete pages 1, 2, and 3, and sign page 3.





Application for Withdrawal of Accumulated Total Deductions

Form Last Revised: February, 2012

Retirement Board: Please place your address and phone number here.				
To the	Retirement Board Date			
Section A: To Be Complete Name (Print)	d by the Member Social Security # Phone #			
Former or Maiden Name (if differer I (Check One)	resigned from my position, Cell Phone # E-mail Address (job title) with the			
political subdivision of	, effective .			
directed herein. I understand that in Retirement System shall terminate a Retirement System are hereby surricompletion of 20 years of service and of 10 years of service and upon attadeductions as provided herein in lie ment that renders me eligible to be new member with the contribution previous service unless after I return effective for me I pay into the Annumulated deductions withdrawn by makings Fund of the Retirement Systems.	that the amount in my Annuity Savings Fund account be paid to me as a consideration of the return of said amount, my membership in the and all rights and privileges to which I was entitled as a member of the endered, including eligibility for a termination retirement allowance upon and including eligibility to receive a retirement allowance upon completion aining age 55. I hereby elect to receive a return of my accumulated total at of the receipt of such allowance. I understand that if I return to employ-come a member of a Retirement System, I will do so with the status of a rate then in effect and will not be entitled to creditable service for my into service and before the date that any retirement allowance becomes aity Savings Fund of the Retirement System an amount equal to the accume together with buyback interest to date. Such payment into the Annuity term shall be in one lump sum or in installments as authorized by the at the Retirement Board will provide my name to the Massachusetts pport obligation purposes.			
I have read the Special Tax Notice Regarding Plan Payments provided to me by the Retirement Board. I understand that if I choose to directly receive the return of my accumulated total deductions, 20% of the taxable portion of such return will be withheld and paid to the Internal Revenue Service.				
political subdivision thereof which v	tion to accept a position in the service of the Commonwealth or any vould entitle me to become a member of any similar contributory stored to the position from which I was terminated.			
2) I am lam not receiving G.L. c. 152.	Workers' Compensation Benefits pursuant to the provisions of			





Member's Last Name	First	M.I. Social Security #
3) Have you been officially investigat employer or convicted of any crime If yes , please provide documentation	related to your office or position?	ation of funds from your Yes No
Method of Payment		
	he 20% withholding of the federally	gible for a refund paid directly to me taxable portion, which will be paid to
paid directly to an IRA, a 401	exable amount of my Annuity Saving (a) qualified plan, a 403(b) annuity con plan as specified below, with the f	ontract, or an eligible governmental
1 '	on-taxable amount of my Annuity Sa specified below, with the federally ta	avings Fund paid to an IRA or a 401(a) axable amount paid directly to me.
paid directly to an IRA, a 401 457(b) deferred compensation	n plan as specified below, with the f	ontract, or an eligible governmental
refund paid directly to me (on Service) and the balance of th an IRA, a 401(a) qualified plan	which I realize there will be 20% wine federally taxable amount of my A	ligible governmental 457(b) deferred

For Taxable Portion

Name (IRA, qualified 401(a) plan, 403(compensation plan)	(b) annuity provider, or e	eligible governmental 457	(b) deferre
Address of above-listed entity	City	State	Zip
Member's Account Number with above	ve-listed entity		
Member's Address	Lity	State	Zip

Member's Last Name	First	M.I. Social Security #
For Non-Taxable Portion		
Name (IRA, qualified 401(a) defined contribut	ion plan)	
Address of above-listed entity	City	State Zip
Member's Account Number with above-listed	entity	
Member's Address	City	State Zip

Important Notice

Be aware that, if you take a refund of your retirement contributions, you will terminate your membership and your rights in the retirement system. If you later return to Massachusetts public service on or after April 2, 2012 after receiving a refund, YOU WILL BE CONSIDERED A NEW EMPLOYEE and will be subject to the pension reform changes included within Chapter 176 of the Acts of 2011.

These changes include, but are not limited to:

- A new age factor table that will require you to work longer for the same or a similar benefit that you would receive under today's table.
- An increase in the salary average period used in the retirement benefit calculation formula from 3 years to 5 years.
- An increase in the minimum retirement age from age 55 to 60.

Member & Witness Signature Block I request payment according to the method selected on page 2.	
Member's Signature	Date of Signature
Witness' Signature	-
Witness' Printed Name	Date of Signature

Member's Last Name	First M.I. Social Security #
Application for Withdrawal of Accumulated To	otal Deductions 4
Section B: To Be Completed by the De	epartment Head
This is to notify the Retirement Board that	was (job title)
in the department in t	the political subdivision of who
(Check One) resigned terminated on	and that the above named employee will appear
on the payroll for the last time on the pay period	ending .
vice of the Commonwealth or any political	amed employee is not leaving to accept a position in the ser- I subdivision thereof which would entitle the above to tory retirement system and is not seeking to be restored to as terminated.
2) Was the above member employed less tha	n full time?
3) Is the above employee receiving Workers'	Compensation benefits? Yes No
4) Does the above employee owe any money a cafeteria plan established pursuant to 26 U.S	to the employer under an employee benefit plan, including S.C. section 125? Yes No
5) Has this employee been officially investigat of funds from his/her employer or convicte or position?	
If yes, please provide documentation.	
Signature/Department Head	
Section C: To Be Completed by the Ro Determination of Eligibility for Return of A Members are eligible for a refund of accumulated	Accumulated Total Deductions
Check the condition which applies to this member	er.
Commonwealth or any political subdivisio	not intend to take a position in the service of the on thereof subject to the provisions of G.L. c. 32, §§ 1-28 and to the position from which he/she was terminated.
	nd is otherwise entitled to receive a retirement allowance vance would be less than \$360, the member MUST receive a
	e service of a governmental unit within the Commonwealth G.L. c. 32, §§ 56-60. (Under this condition the member must

Member's Last Name	F	rirst		M.I.	Social Security #
Application for Withdrawal of Accumulated Total	al D	eductions			5
4) In general, if a member is employed by two coment systems pertaining to each government accumulated total deductions must be transferwhich service continues. However, if the member is employed by two coments accumulated total deductions must be transferwhich service by the system in which service is accumulated total deductions.	ntal sferr emb	unit, upon ending ser red to the retirement per has contributed a	vice in one system pe lesser amo	unit, 1 rtaining ount to	the member's g to the unit in the Annuity
NOTE: The right to receive a retirement allowance or a return of accumulated total deductions is subject to the provisions of G.L. c. 32, § 15 pertaining to dereliction of duty by members and G.L. c. 32, § 19C pertaining to child support obligations.					
Years and Months of Creditable Service	1				
Interest Provisions No interest shall be included in the accumulated tot expiration of two years from the end of the month. Members who entered into service on or after Januar respect to the refund of interest credited to their ar	n pre uary	eceding the date of hi	s or her te	erminat	tion of service.
Check the condition which applies to this member:	:				
I) The member has less than 120 months (10 years) of creditable service and has voluntarily withdrawn from service. The member will receive 3% interest on accumulated total deductions.					
2) The member has more than 120 months (10 Years) of creditable service and has voluntarily with-drawn from service. The member will receive 100% interest of the <u>regular</u> interest on accumulated total deductions.					
3) The member was involuntarily terminated from interest on accumulated total deductions, reg					•
Refund					
Total in annuity savings account as of date of withdra	raw	al \$			
Minus interest not eligible for refund \$		*			

First	M.I.	Social Security #
d Total Deductions		6
Federal non-taxable portion \$		
(Fill in those that apply)		
\$		
\$		
\$ Type of	Plan	
\$		
\$		
\$		
fund		
	Federal non-taxable portion \$ (Fill in those that apply) \$ \$ Type of \$	Federal non-taxable portion \$ (Fill in those that apply) \$ \$ Type of Plan \$ \$

*Note: No regular interest shall be included in the amount of any accumulated total deductions which are to be paid to the member for any period after the expiration of two years from the end of the month immediately preceding the date of his termination of service.