Clear Form

WASHINGTON STATE Department of Retirement Systems

DISTRIBUTION REQUEST

DEFERRED COMPENSATION PROGRAM

PO Box 40931 Olympia, WA 98504-0931 ◆ www.drs.wa.gov/dcp
Toll Free: 1-888-327-5596 ◆ TTY: 1-800-766-4952 ◆ Fax: 360-586-5474

DCP

PARTICIPANT INFORMATION

Social Security Number	Participant Name (Last, First, Middle)	Daytime Phone Number ( )
Mailing Address (Is this a change of address ☐ Yes ☐ No)	City	State ZIP
Date of Birth (mm/dd/yyyy)	Employer Name	Last Day Worked (mm/dd/yyyy)

DISTRIBUTION DATE

Initiate Distribution On (mm/dd/yyyy) – Installment payments are processed any day of the month with the exception of the last three calendar days. Date must be within the next 12 months.	_____/_____/_____

TYPE OF PLAN, PAYMENT AND LIQUIDATION METHOD

Distribute Contributions From - Check applicable plan	Payment Method	Liquidation Method
☐ DCP 457 Plan	☐ Use DCP EFT on File	☐ Savings pool first and then pro-rata across other funds
☐ 401(a) or (k)	☐ New EFT	☐ Pro-rata across all funds and sources
☐ 403(b)	☐ Check	
☐ Individual Retirement Plan (IRA)		

METHOD OF DISTRIBUTION

Complete the back of this form and sign before returning to address above.

☐ A. Lump Sum Distribution (Complete Rollover Election on back of this form.)

☐ B. One time Flexible Withdrawal Distribution in the amount of $ ____________ (Complete Rollover Election on back of this form.)

- If you are currently on installments, do you want to continue receiving them? ☐ Yes ☐ No

☐ C. Partial Lump Sum Distribution in the amount of $ ____________ plus installments starting _____/_____/_____. (Complete Section D - Installments below.)

☐ D. Installments (If your installments will be paid over a period of less than 10 years, complete the Rollover Election on the back of this form and check box 1.)

Select your installment frequency

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Select your installment type to determine the amount or duration of your payments

☐ 1. Installments of $ ____________ until account is exhausted.

☐ 2. Installments projected to exhaust account in ________ years.

☐ 3. Installments over my life expectancy.

☐ 4. Installments over Joint and Survivor life expectancy (Spouse date of birth_____/_____/_____)

☐ 5. Required Minimum Distribution (Spouse date of birth_____/_____/_____)

☐ E. Annuity (Skip the Rollover Election section and sign the back of this form.)

☐ F. In-Service Withdrawal

☐ G. Purchase/Restore Service Credit in the amount of $ ____________

☐ H. Cancel Distribution (Skip the Rollover Election section and sign the back of this form.)

DISTRIBUTION

Before completing this section, please read the Special Tax Notice Regarding Plan Payments in the *Distribution Booklet*. Under the tax law, at least 30 days normally must pass between receipt of the Special Tax Notice and your payment. By completing and returning your *Distribution Request* form sooner, you are waiving your right to the 30-day period for receiving the special tax notice.

☐ **1. Distribution to Me.** I understand that 20 percent of my payment will be withheld for federal taxes (if you choose this option, do not fill out "Receiving Financial Institution" section).

ROLLOVER ELECTION

Complete this section if you are requesting a lump sum, flexible withdrawal, partial lump sum, in-service withdrawal or a purchase/restore of service credit.

☐ **2. Entire Distribution Directly Rolled Over.** I elect to have my entire distribution directly rolled over to the following plan.If you are selecting more than one plan, contact DCP.

Plan Type: ☐ 401(a) ☐ 401(k) ☐ 403(b) ☐ Govt 457
☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA

☐ **3. Part Rolled Over and Remainder Distributed to Me.** I elect to have a portion of my funds directly rolled over to the following plan and the remainder of my funds paid directly to me. I understand that 20 percent of the part not directly rolled over will be withheld for federal taxes.

Plan Type: ☐ 401(a) ☐ 401(k) ☐ 403(b) ☐ Govt 457
☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA

RECEIVING FINANCIAL INSTITUTION

Name of Plan Amount rolled over as $ or %	
Make Check Payable To	Account Number
Mailing Address City State ZIP	Phone Number ( )

SIGNATURE

Under penalties of perjury, I certify that:

☐ The Social Security number shown on this form is my correct number; and

☐ I am a U.S. Citizen or a U.S. resident alien. (If you are a non-resident alien, you may be subject to non-resident alien withholding tax rules)

I understand that unless I am eligible and elect a rollover to a traditional IRA or eligible employer plan, my distribution may be subject to federal income tax.

This request supersedes any previous distribution request and is subject to approval by the Department of Retirement Systems.

Participant Signature	Date

FOR DCP USE ONLY

Balance ______________________________as of_______________________ by ________________________

Balance ______________________________as of_______________________ by ________________________

DCP DISTRIBUTION REQUEST INFORMATION AND INSTRUCTIONS

The earliest date payment can begin is 30 days after your last payroll date. Lump sums take seven days to process. Please read these instructions thoroughly before you complete the form. Do not complete this form unless you want payments from your DCP account within the next 12 months.

Completion of this form will supersede any distribution request on file.

Required Minimum Distribution Rules:

The Internal Revenue Code 401(a)(9) requires that, beginning at age 70½, you receive payments in an amount that will exhaust your entire account balance over your expected distribution period. (See the Required Minimum Distribution Worksheet in the *Distribution Booklet*) Payment must begin on or before April 1 of the year after you reach age 70½. If you wait until this date to begin payments, you are required to receive the amount of two annual payments before December 31 of that year. These Required Minimum Distribution payments cannot be rolled over.

Top Section:

Use your legal name and mailing address.

Distribution Date:

If you want payment within the next 12 months, you can choose any day of the month with the exception of the last three calendar days. The earliest date payment can be issued is 30 days after your last payroll date.

Type of Plan, Payment and Liquidation Method:

Indicate which plan you are requesting distribution from, how you would like to receive the payment and choice of liquidation method.

- Distribute Contributions From – DCP 457 Plan funds include deferrals (both current and rolled in). IRA, 401(a) or (k) and 403(b) are funds you have rolled in from another investment plan. If you are requesting distribution from a plan other than a 457 plan, there may be additional taxes. Please see the Special Tax Notice Regarding Plan Payments within the *Distribution Booklet*.
- Choose Payment Method – EFT on file, new EFT or check. Receipt of payment for EFT will be 2-3 business days from date of liquidation; checks will be received 5-7 business days from date of liquidation.
- Choose Liquidation Method – Savings Pool first and then pro-rata across other funds (If your balance in the Savings Pool does not meet the payment amount then payment will be pro-rata.) or pro-rata across all funds and sources.

If no selection is made, payment will default to Savings Pool first and then pro-rata across all funds.

Method of Distribution (the minimum payment amount is $50 monthly/$600 annually):

A. Lump Sum Distribution

All your funds will be distributed in one lump sum. If you choose a lump sum distribution paid directly to you, check box 1 on back of form. If you want to roll over a lump sum distribution you must complete the Rollover Election section on the back of the form. To request a lump sum be issued immediately, enter the current month, day and year for the distribution date. Payment will be issued approximately seven days after DCP receives the form.

B. Flexible Withdrawal Distributions

The flexible withdrawal distribution option allows you to receive or roll over a portion of your funds in any amount at any time. The amount you indicate will be distributed to you and the remainder of your DCP funds will stay in your account. Payment will be issued approximately seven days after DCP receives the form.

If you are currently on installments and you want to continue receiving or to stop your scheduled installments please indicate in check boxes under line "B" of the form.

If you choose a flexible withdrawal paid directly to you, check box 1 on back of the form. If you are rolling your flexible withdrawal, complete the *Rollover Election* section.

C. Partial Lump Sum Distribution Followed By Installments

Complete this section to receive a partial lump sum distribution followed by installments. Check box 1, *Distribution to Me* on the back of the form stating you understand 20 percent will be withheld for taxes. Payment of the partial lump sum will be issued approximately seven days after DCP receives the form.

Your installment payments will begin no later than the next calendar month following the distribution date you choose for your partial lump sum distribution. **You must also complete Section D - Installments.**

D. Installments

Installments are a series of payments in an amount and frequency you choose. Installments are processed any day of the month with the exception of the last three calendar days.

Frequency of installments:

Choose how often you wish to receive installments. Your choices include monthly, quarterly, semiannually or annually.

Five types of installments:

Select your installment type to determine the amount or duration of your payments.

1. ***Amount of each installment—to establish a specific distribution amount.*** Distribution continues until your account is exhausted. **Example:** $1,000 monthly. You must use the Distribution Projection Worksheet on and the 6% Distribution Projection Tables in the *Distribution Booklet* to determine if your installments are expected to be paid over a period of 10 years or more. If your installments are expected to be paid over a period of less than 10 years, you must also complete the Rollover Election section on the back of the form. If your installments are expected to be paid over a period of 10 years or more, you must complete IRS Form W-4P to choose withholding of income tax. Failure to complete and return IRS Form W-4P means taxes will be withheld on your payments as if you are married and claim three allowances.

2. ***Number of installments—to establish a specific time period for distribution (period certain).*** Each installment payment will be calculated by dividing your remaining account balance by the remaining number of installments. This results in your payment amount changing each month. An example of period certain is 10 years of monthly payments for a total of 120 payments.

   - If your installments will be paid over a period of less than 10 years, you must also complete the Rollover Election section on the back of the form.

   - If your installments will be paid over a period of 10 years or more, you must complete IRS Form W-4P to choose withholding of income tax. Failure to complete and return IRS Form W-4P means taxes will be withheld on your payments as if you are married and claim three allowances.

3. ***Single life expectancy***—your account will be recalculated annually in January by multiplying your previous year's December 31 account balance by an expected yield, then dividing that total by the single life expectancy based on your date of birth (see Single Life Expectancy Table in the *Distribution Booklet*) of the current year. Your distribution amount will adjust each year as your account balance, expected yield and life expectancy years change. You must complete IRS Form W-4P to choose withholding of income tax. Failure to complete and return IRS Form W-4P means taxes will be withheld on your payments as if you are married and claim three allowances.

4. ***Joint and survivor life expectancy***—your account will be recalculated annually in January by multiplying your prior year's December 31 account balance by the joint life expectancy years, based on you and your spouse's dates of birth (see Joint Life and Survivor Expectancy Table in the *Distribution Booklet*). Your distribution amount will adjust each year as your account balance, expected yield and life expectancy years change. You must enter your spouse's date of birth if choosing joint life expectancy. You must complete IRS Form W-4P to choose

withholding of income tax. Failure to complete and return IRS Form W-4P means taxes will be withheld on your payments as if you are married and claim three allowances.

5. ***Required minimum distribution***—choose this option if you are age 70½ or older and wish to receive the minimum amount required by law. Your account will be calculated by dividing the prior year's December 31 account balance by your expected distribution period determined by using the Uniform Lifetime Table in the *Distribution Booklet*. If you are married and your spouse is your sole beneficiary and is more than 10 years younger than you, minimum distribution is determined by dividing the prior year's December 31 account balance by your joint life expectancy years, based on you and your spouse's dates of birth (see Joint Life and Survivor Expectancy Table in the *Distribution Booklet*). You must complete IRS Form W-4P to choose withholding of income tax. Failure to complete and return IRS Form W-4P means taxes will be withheld on your payments as if you are married and claim three allowances if you are receiving periodic payments. If your RMD is paid annually, the withholding default is 10% unless you complete W-4P.

E. Annuity

An annuity is a contract between you and an insurance company establishing a fixed monthly payment amount for life. If you are interested in an annuity purchase, contact the DCP Information Line toll free at 888-327-5596, select option 2, (TTY 800-766-4952) to discuss options and receive an annuity quote.

F. In-Service Withdrawal

Check this box if you are currently employed, have not contributed to your DCP account for over two years, and your account balance is $5,000 or less. In-service withdrawal is not available if you have previously used this option. If you choose an in-service withdrawal, you must complete the Rollover Election section on the back of the form. If you have your distribution paid directly to you, 20 percent will be withheld for federal taxes.

G. Purchase Service Credit

Check this box to transfer funds to a government retirement plan to purchase, restore or reinstate service credit. Enter the amount of the service credit purchase. Attach a copy of the bill to the *Distribution Request* form. The amount transferred will not be taxed until you receive your payments from your government retirement plan. You must also complete number 2 of the Rollover Election section on the back of the form.

H. Cancel Distribution

Check this box to stop your payment. Your payment will stop on the earliest possible date.

Rollover Election:

If you are receiving a lump sum, a flexible withdrawal, a partial lump sum, or an in-service withdrawal, or you are receiving (or expect to receive) installment payments over a period of less than 10 years, you must complete the Rollover Election section on the back of the form.

Before completing this section, read the Special Tax Notice Regarding Plan Payments within the *Distribution Booklet*. Under the tax law, typically at least 30 days must pass between your receipt of the Special Tax Notice and your payment. By completing and returning your form sooner, you are waiving your right to this 30-day period.

If you are making a direct rollover choice for installment payments, your choice will apply to all of your payments unless you make a new choice for future payments.

You have the following three election choices:

1. The entire payment can be distributed to you. Twenty percent of the payment will be automatically withheld for federal taxes. The remaining 80 percent will be paid to you. *Unless you arrange rollover of your payment to a traditional IRA or another eligible employer plan within 60 days of receiving your payment, you will owe taxes on your payment in the year it is paid. Check box 1 for this option.

2. The entire payment can be directly rolled over to an IRA or another eligible employer plan. Except for a Roth IRA, you will not owe taxes in the year your payment is directly rolled over; instead your taxes will be deferred until you receive payment from the traditional IRA or other plan. A check, issued to the receiving financial institution or eligible employer plan, will be mailed directly to the financial institution. Check box 2 and select Plan Type. Complete the Receiving Financial Institution section.

3. A part of your payment can be directly rolled over and the remaining part can be distributed to you. Twenty percent of the part that is not rolled over will be automatically withheld for federal taxes. The remaining 80 percent will be paid to you. A check for the rollover portion will be issued to the receiving financial institution or eligible employer plan, and mailed directly to the financial institution. *Check box 3 and select Plan Type. Complete the Receiving Financial Institution section.

Note: Choice 3 is not available unless you choose to have at least $200 directly rolled over.

**IRA payments are subject to 10 percent withholding for federal taxes unless IRS Form W-4P is completed.*

IMPORTANT: Read, sign and date your completed *Distribution Request* form, IRS Form W-4P, and an *Electronic Funds Transfer Authorization* form, if applicable.

Mail to:

Department of Retirement Systems
Deferred Compensation Program
PO Box 40931
Olympia, WA 98504-0931