

# Benefit Payment Request

Return to:  
TREASURER-TAX COLLECTOR  
Deferred Compensation Division  
1600 Pacific Highway, Room 152  
San Diego, CA 92101

County Interoffice  
Mail Address:  
Mailstop A-49  
Phone (619) 531-5840



Group Number: <b>150014</b>		Plan Name: <b>401(a) Incentive Retirement Plan</b>		
Participant's Name: (Last, First, M.I.)		Date of Birth:	Social Security Number:	Employee ID:
Participant's Address:			Daytime Phone Number:	
City:		State:	Zip:	
Date of Final Payroll Deduction:	*Vesting %: Profit Sharing	*Vesting %: Employer Match	Date of Hire:	

\* NOTE: HARTFORD LIFE WILL PROCESS THIS BENEFIT PAYMENT IN ACCORDANCE WITH THE VESTING PERCENTAGES INDICATED ON THIS FORM.

## A. REASON FOR BENEFIT PAYMENT

1. Termination of Employment  
 2. Retirement  
 3. Permanent / Total Disability  
 4. Minimum Required Distribution *If checked, go to Section B, Number 4*

**Separation from Service Date:**  
Required if 1, 2 or 3 is checked  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** If you have an outstanding loan, and have separated from service, the balance of the loan will be defaulted unless the entire payoff amount accompanies this request.

## B. METHOD / AMOUNT OF PAYMENT (Options available may vary according to your plan provisions.)

1. Lump sum cash payment of my total vested account balance  
 2. Defer payment of my vested account balance  
 3. Partial lump sum payment\*\*\* of \$ \_\_\_\_\_  
 4. Minimum Required Distribution payment of \$ \_\_\_\_\_  
**If option 1, 2, 3 or 4 is selected, please skip to Section D**  
 5. Direct Rollover of my vested account balance  excluding  including any after-tax contributions \*\*  
 6. Partial rollover of \$ \_\_\_\_\_  Defer remainder of vested account balance or  Pay as a lump sum cash payment \*\*\*  
 7. Annuity Purchase - include completed Benefit Estimate Form (if applicable)  
\*\* After-tax contributions can only be rolled into a 401(a) qualified plan or Traditional IRA.  
\*\*\* Payments made to you will first be distributed from after-tax sources if available.

## C. DIRECT ROLLOVER (Complete this section only if Option 5 or 6 is selected above). Minimum Required Distribution payments are not eligible for rollover. Type of plan Traditional IRA Eligible Employer Plan other than Traditional IRA

Check payable to: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Mail check to: Financial Institution or Plan Name: \_\_\_\_\_  
Address: \_\_\_\_\_

## D. PURCHASE SERVICE CREDITS (Trustee to Trustee Transfer)

Check payable to Trustee: \_\_\_\_\_  
Trustee Name & Address: \_\_\_\_\_

## E. PARTICIPANT AUTHORIZATION

I hereby authorize that payment be made to me as indicated above. I understand that if I elect not to rollover an eligible rollover, there may be mandatory Federal Income Tax withholding from the taxable portion of my distribution that I did not rollover. Note: The County will not approve distributions until at least two pay cycles after you receive your terminal paycheck. I also acknowledge that I have read and understand the Special Tax Notice and the Full Disclosure Statement, as applicable to my state.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## F. PLAN ADMINISTRATOR OR AUTHORIZED PLAN REPRESENTATIVE (Required before submitting form to Hartford Life for processing.)

You are directed to withdraw the amount necessary to pay the benefit as indicated above based on the vesting percentages\* included on this form and in accordance with the terms of the plan. I certify that the above data in regard to the participant is true and accurate to the best of my knowledge and that I have obtained any spousal waiver consent forms that may be required by ERISA and the Internal Revenue Code.

Plan Administrator's or Authorized Plan Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

# Full Disclosure Statement

## **Arkansas**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

## **Colorado**

“It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.”

## **District of Columbia**

“WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

## **Florida**

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

## **Indiana**

“A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.”

## **Kentucky**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.”

## **Louisiana**

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

## **New Hampshire**

“Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20.”

## **New Jersey**

“Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.”

## **Ohio**

“Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.”

## **Oklahoma**

“WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

## **Pennsylvania**

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

# Withholding Authorization Form



Group Number:	Plan Name:
Payee's Name: (Last, First, M.I.)	Social Security Number:
Payee's Mailing Address: (Street, City, State, Zip)	

All Payees should seek competent, professional tax advice if they have questions concerning their tax obligations.

## A. Federal Income Tax Withholding

### Mandatory Withholding - Eligible Rollover Distribution

**Mandatory 20%** Federal income tax withholding is applied to all withdrawals payable to you, unless you directly roll over the distribution to an IRA or another eligible retirement plan.

### Optional Withholding - Ineligible Rollover Distribution

The following distributions are not eligible for rollover, therefore, Federal income tax withholding is not mandatory. However, **unless you elect not to have Federal income tax withheld, income tax withholding will be applied at a rate of 10%.**

My reason for withdrawal is (CHECK ONE):

- Unforeseeable Emergency
- Required Minimum Distribution
- Death Claim for beneficiaries other than surviving spouse

I elect (CHECK ONE):

- NO Federal Income Tax Withholding
- 10% Withholding
- Additional Withholding Amount \$ \_\_\_\_\_

Substantially equal periodic distributions made at least annually are also ineligible for rollover if made over 10 or more years or over the life expectancy of the employee (or the joint life expectancy of the employee and the employee's designated beneficiary). However, **if you do not select one of the options below, money will be withheld for federal tax purposes as though you were married and claiming three withholding allowances.** Your election will remain in effect until you revoke it, which you may do at any time by submitting a new Withholding Authorization Form to Hartford Life.

- I elect Periodic Payments (Annuity/IPO/SWO) **AND**
- I elect No Federal Income Tax Withholding; **OR**
- I claim the following marital status and allowances :
- Married with \_\_\_\_\_ Number of Allowances; (optional) AND I elect additional Withholding in the amount of \$ \_\_\_\_\_.
- Single with \_\_\_\_\_ Number of Allowances; (optional) AND I elect additional Withholding in the amount of \$ \_\_\_\_\_.

## B. State Income Tax Withholding

Please complete this section **only** if you reside in any of the following states and you are **not** electing to rollover 100% of your eligible distribution: **CALIFORNIA, DELAWARE, GEORGIA\*, KANSAS, LOUISIANA, VIRGINIA\*\***

- YES**, withhold tax \_\_\_\_\_% or \$ \_\_\_\_\_
- NO**, do not withhold tax

\* **GEORGIA:** Lump Sum Payments are not subject to mandatory state income tax withholding.

Complete this section only if this payment is the first in a series of payments such as an annuity or similar periodic payment.

\*\* **VIRGINIA:** In order to elect **NOT** to have taxes withheld, you must complete the State of Virginia Form VA-4P and remit along with this form.

If you reside in any of the following states and you are not electing to rollover 100% of your eligible distribution, state income tax **WILL** be withheld from the taxable portion of your distribution if Federal Income Tax is being withheld.

IOWA\*, MAINE, MASSACHUSETTS\*\*, NORTH CAROLINA\*\*\*, OKLAHOMA, OREGON, VERMONT

\* **IOWA:** Withholding is not required if the taxable portion of the payment is less than \$200 monthly or less than \$2,400 annually.

\*\* **MASSACHUSETTS:** You may need to complete Massachusetts Form M-4P.

\*\*\***NORTH CAROLINA:** Where Federal Income Tax Withholding is not mandatory, in order to elect **NO WITHHOLDING**, you must complete Form NC-4P and remit along with this form.

## C. Payee Authorization

I hereby acknowledge that I have received a written explanation of the withholding/rollover rules and that I have been provided with the ability to roll over all or part of the taxable portion of my distribution into an IRA (Individual Retirement Account) or another eligible Retirement Plan. I certify that all information above is true and accurate to the best of my knowledge. Further, I agree to waive my right to defer receipt of my payment up to 30 days and hereby elect an immediate distribution.

Payee's Signature

Date