

# The County of San Diego Terminal Pay Retirement Program Request Form

**A. Participant's Name (Last, First, M.I.)** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security #: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age at Date of Retirement \_\_\_\_\_ Date of Retirement \_\_\_\_\_ Bargaining Unit # \_\_\_\_\_

**B. Method of Payments:**

- 1. Lump sum cash payment
- 2. Direct rollover of the entire amount
- 3. Partial rollover of \_\_\_\_\_%, with the remainder balance as a lump sum cash payment
- 4. Sixty (60) equal monthly payments without interest

**(Complete below if option 2 or 3 above is selected)**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> San Diego County 457 Plan | <input type="checkbox"/> County of San Diego 401(a) Plan | <input type="checkbox"/> _____ IRA |
| _____ % Hartford                                   | _____ % Hartford   |                                    |
| _____ % T. Rowe Price                              | _____ % T. Rowe Price                                    |                                    |

**(Complete below only if you elected an IRA or another employer plan)**

Make Check Payable to: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mail Check to:

Financial Institution or Plan Name \_\_\_\_\_

Address \_\_\_\_\_

**Note:** The rollover amount will be credited to your account according to your current Investment Election. If you want to change your Investment Election, please call your plan provider.



**D. Participant Authorization**

I hereby authorize that payment be made to me as indicated in Section (B). I have received the Special Tax Notice Regarding Plan Payments. I understand that if I do not elect a *direct rollover* of my benefits, there will be a mandatory 20% Federal Income Tax withholding and possible state income tax withholding on my benefits.

This also authorizes the exchange of my retirement data with the San Diego County Employees Retirement Association (SDCERA).

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

\_\_\_\_\_  
Date

**E. Plan Administrator or Representative Authorization:**

You are authorized to withdraw the amount necessary to pay the benefit as indicated above in accordance with the terms of the Plan. I certify that the above data 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 State and Federal law.

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date

**Return to:**

Public Agency Retirement Planning, Inc.  
2202 S. Figueroa St. #536  
Los Angeles, CA 90007

(800) 590-1770 (toll free)  
(323) 567-6063 (fax)  
sandiegotpp@aol.com

**COUNTY USE ONLY**