



## APPLICATION FOR RETIREMENT BENEFITS

State Form 24728 (R8 / 2-15)  
 Approved by State Board of Accounts, 2015

**INDIANA PUBLIC RETIREMENT SYSTEM  
 STATE EXCISE POLICE, GAMING AGENT,  
 GAMING CONTROL OFFICER &  
 CONSERVATION ENFORCEMENT OFFICERS'  
 RETIREMENT PLAN**  
 1 North Capitol Avenue, Suite 001  
 Indianapolis, IN 46204-2014  
 Telephone: (888) 526-1687 (Toll-free)  
 Fax: (866) 591-9441 (Toll-free)  
 E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

\*This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form cannot be processed without it.

### INSTRUCTIONS

1. Remove the instruction pages included with this application prior to returning the completed, signed, and dated application to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
3. If not already submitted to INPRS, a copy of both the member's and beneficiary's birth certificate must be included with this form. Documents showing the date of birth and parents such as a copy of a birth certificate, or a registration from the public health department, or other governmental entity; or a court decree obtained under IC 34-28-1 and certified by the clerk of the court; or other evidence relating to date of birth, subject to board approval, are acceptable.
4. Include an English translation of any foreign documents.
5. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

### MEMBER INFORMATION

Member's name		Social Security number ( <i>last 4 digits</i> )*		Pension ID (PID) number	
Address ( <i>number and street</i> )			Telephone number with area code		Date of birth ( <i>mm/dd/yyyy</i> )
City	State	ZIP Code	E-mail address		
Department where employed				Last day at work ( <i>mm/dd/yyyy</i> )	
Effective date of retirement benefits	____ / <b>01</b> / ____ ( <i>mm/01/yyyy</i> )		<i>This date can be no earlier than the first day of the month following the last day in pay status.</i>		

### ELECTION FOR PAYMENT OF DEFERRED RETIREMENT OPTION PLAN (DROP) BENEFIT

**(Complete only if you are a DROP participant.)**

I elect the following distribution for my DROP benefit. I understand that my choice for payment cannot be changed after this form is received by INPRS. **Select only one** of the following payment options:

- Option A:** I elect to receive my regular retirement benefit computed as if I had never entered the DROP.
- Option B:** I elect a complete distribution of my DROP benefit.
- Option C:** I elect annual installment payments over a three (3) year period of my DROP benefit.

**Options B or C: Complete the sections below for the taxable and non-taxable portions for your DROP distribution.**

Taxable portion: <input type="checkbox"/> Direct rollover <input type="checkbox"/> Paid directly to me (less withholding) <input type="checkbox"/> Partial rollover in the amount of _____%, balance (less withholding) paid to me.
Name of eligible 401(a), 403(a), 403(b), 408(a), 408(b), or governmental 457(b) retirement plan or eligible IRA. <i>(If you select a rollover, you must provide the complete name of the eligible plan or eligible IRA as reported by the trustee to the IRS.)</i> Name:
Non-taxable portion: <input type="checkbox"/> Direct rollover <input type="checkbox"/> Paid directly to me (less withholding) <input type="checkbox"/> Partial rollover in the amount of _____%, balance (less withholding) paid to me.
Name of eligible 401(a), 403(a), 403(b), 408(a), 408(b), or governmental 457(b) retirement plan or eligible IRA. <i>(If you select a rollover, you must provide the complete name of the eligible plan or eligible IRA as reported by the trustee to the IRS.)</i> Name:

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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### FEDERAL TAX WITHHOLDING ELECTION

For all payments, twenty percent (20%) will be withheld from the taxable portion of your distribution for federal income tax. You can elect a flat, whole dollar amount to be withheld in addition to the standard percentage of federal income tax. Please enter any additional federal tax withholding election below. See the attached Special Tax Notice for additional information.

**Please consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

I elect additional federal income tax withholding of \$ \_\_\_\_\_ .00.

### STATE TAX WITHHOLDING ELECTIONS

Box 1: Indiana Residents – Indiana income tax withholding for Indiana residents is optional on payments from INPRS. If you elect to have income tax withheld, please check Box 1 below if you are an Indiana resident and would like to have income tax withheld from the taxable portion of your distribution.

Choose Option 1 if you elect to have Indiana state income tax withheld. Provide a flat, whole dollar amount to be withheld.

Add Option 2 if you also elect to have Indiana county income tax withheld. Provide a flat, whole dollar amount to be withheld and the county applicable.

Box 2: Indiana Residents electing NOT to have Indiana income tax withheld from distribution. *Electing not to have Indiana income tax withheld from your distribution does not relieve you from paying such tax.*

Box 3: Non-residents – Please check Box 3 if you are not a resident of Indiana. Please note that INPRS does not withhold state income tax for individuals living outside of Indiana at the time of distribution. Non-residents should consult an attorney or professional tax advisor to determine whether state tax applies to their distribution.

**Please consult the IRS or a professional tax advisor for further information regarding taxes on your payments.**

Box 1: I am an Indiana resident electing to have:

Option 1:  Indiana state income tax withheld from the taxable portion of my distribution in the amount of \$ \_\_\_\_\_ .00.

Option 2:  Indiana county income tax withheld from the taxable portion of my distribution in addition to Indiana state income tax in the amount of \$ \_\_\_\_\_ .00 for \_\_\_\_\_ County.

*You must also have state income tax withheld to elect county income tax withholding.*

Box 2: Indiana resident electing NOT to have Indiana income tax withheld from distribution.

Box 3: Non-Indiana resident

### BENEFICIARY INFORMATION

The normal retirement option for a member is a Joint and Survivor Option. Under this Option, at the time of your death the survivor whom you nominate herein is entitled to receive 50 percent of your monthly benefit. In the case of a surviving spouse who is more than five years younger than the deceased participant at the time of the participant's death, the amount of the survivors' benefit shall be reduced actuarially.

You are permitted to nominate any one of the following:

1. your spouse
2. your unmarried children under the age of 18 years
3. your parent

An unmarried child designated as beneficiary shall be entitled to draw a survivor benefit only until he/she marries or reaches the age of 18 years, whichever comes first.

If you want to name more than one unmarried child under the age of 18 years as your beneficiary, attach a list and submit it with this application.

Beneficiary's name	Social Security number or Tax ID	Date of birth (mm/dd/yyyy)	
Address (number and street)	City	State	ZIP Code
Telephone number with area code	Relationship to member		

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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**MEMBER AFFIDAVIT**

I, \_\_\_\_\_, do attest that I am the person who made the foregoing statements; that I have carefully read and completed all information on this application; that all completed information is full, complete and true, and no material fact has been omitted therefrom; and that said information is made for presentation to the Board of Trustees of the Indiana Public Retirement System (INPRS) or a designee of the Board, in making claim for a retirement benefit that may be payable to me, under Indiana Code (IC) 5-10-5.5 as amended.

Member's signature	Date of signature (mm/dd/yyyy)
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**NOTARY PUBLIC CERTIFICATION**

State of \_\_\_\_\_  
 County of \_\_\_\_\_ SS:  
 Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_,  
*Officer's county of residence* *Officer's state of residence*  
 personally appeared \_\_\_\_\_ and he/she, being first duly sworn by me upon his/her oath,  
*Name of person*  
 say that the facts alleged in the foregoing instrument are true. SEAL  
 Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
*Signature*  
 My commission expires: \_\_\_\_\_  
*Date (mm/dd/yyyy)* *Name of officer (printed or typed)*

**EMPLOYER VERIFICATION**

I hereby verify the following information for this member.

Last date of pay status (mm/dd/yyyy)	Did the employer-employee relationship extend beyond the last day in pay status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please explain in the Explanation section.</i>
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Explanation

Employer's name	Unit number	
Address (number and street)	Telephone number with area code	
City	State	ZIP Code
Authorized representative's signature	Date (mm/dd/yyyy)	
Printed name of authorized representative	Title of authorized representative	

**INSTRUCTIONS FOR  
APPLICATION FOR RETIREMENT BENEFITS**

State Form 24728

**IMPORTANT**

1. Remove the instruction pages included with this application prior to returning the completed, signed, and dated application to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
3. If not already submitted to INPRS, a copy of both the member's and beneficiary's birth certificate must be included with this form. Documents showing the date of birth and parents such as a copy of a birth certificate, or a registration from the public health department, or other governmental entity; or a court decree obtained under IC 34-28-1 and certified by the clerk of the court; or other evidence relating to date of birth, subject to board approval, are acceptable.
4. Include an English translation of any foreign documents.
5. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
6. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

Entry field	Field description
<b>MEMBER INFORMATION</b>	
Member's name	Enter the member's complete name.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's pension ID number.
Address	Enter the member's street or mailing address.
City, State, ZIP Code	Enter the member's city, state, and ZIP code for the mailing or street address.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.
Telephone number	Enter the member's telephone number with area code.
E-mail address	Enter the member's e-mail address, if applicable.
Department where employed	Enter the name of the member's most recent PERF employer.
Last day worked	Enter the last day the member worked in mm/dd/yyyy format.
Effective date of retirement benefits	Enter the month and year. The date is 01. This date can be no earlier than the first day of the month following the last day in pay status.
<b>ELECTION FOR PAYMENT OF DEFERRED RETIREMENT OPTION PLAN (DROP) BENEFIT</b>	
Complete only if you are a DROP participant. Select only one option.	
Option A	By selecting this option you elect to receive your regular retirement benefit payments as if you had never entered the DROP.
Option B	By selecting this option you elect a complete distribution of DROP benefits. Complete the Taxable portion and Non-taxable portion sections of the application, as applicable.
Option C	By selecting this option you elect annual installments of the DROP benefit over a period of three years. Complete the Taxable portion and Non-taxable portion sections of the application, as applicable.
Taxable portion	Select one of the available options. If Direct or Partial rollover option is chosen, complete the Name of eligible retirement plan section.
Non-taxable portion	Select one of the available options. If Direct or Partial rollover option is chosen, complete the Name of eligible retirement plan section.
<b>FEDERAL INCOME TAX WITHHOLDING ELECTIONS</b>	
This section explains the amount of federal income tax that will automatically be withheld. Complete the <i>Withholding Certificate for Pension and Annuity Payments</i> (Form W-4P) and submit it with this application.	
<b>STATE INCOME TAX WITHHOLDING ELECTIONS</b>	
This section explains the state income tax withholding which is optional. If you are a resident of Indiana, complete the <i>Annuitant's Request for State and County Income Tax Withholding</i> (State Form 37365) Form WH-4P and submit it with this application if you want state income tax withheld. Select one option.	
I am an Indiana resident.	Submit the <i>Annuitant's Request for State and County Income Tax Withholding</i> (State Form 37365) Form WH-4P with this application.
I am not a resident of Indiana.	Submit the <i>Annuitant's Request for State and County Income Tax Withholding</i> (State Form 37365) Form WH-4P with this application and indicate that \$0 is to be withheld.
I am a resident of Indiana and do not want Indiana income tax withheld from my distribution.	Submit the <i>Annuitant's Request for State and County Income Tax Withholding</i> (State Form 37365) Form WH-4P with this application indicating that no withholding is to occur.

**INSTRUCTIONS FOR  
APPLICATION FOR RETIREMENT BENEFITS**

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Entry field	Field description
<b>BENEFICIARY INFORMATION</b>	
This information is completed by the member for a spouse, or unmarried children under the age of 18 years, or the member's parent. If you want to name more than one unmarried child under the age of 18 years as your beneficiary, attach a list to the application.	
Beneficiary's name	Enter the last name, first name, and middle initial of the beneficiary.
Social Security number or Tax ID	Enter the beneficiary's Social Security number or Tax ID number, whichever is applicable.
Date of birth	Enter the beneficiary's date of birth in mm/dd/yyyy format.
Address	Enter the mailing or street address of the beneficiary.
City, State, ZIP Code	Enter the city, state, and ZIP Code for the beneficiary's mailing or street address, whichever is applicable.
Telephone number	Enter the beneficiary's telephone number with area code.
Relationship to member	Enter the beneficiary's relationship to the member.
<b>MEMBER AFFIDAVIT</b>	
Member name	Enter the name of the member attesting to the information on the form.
Member's signature	This form must be signed and dated by the member; format = mm/dd/yyyy.
<b>NOTARY PUBLIC CERTIFICATION</b>	
This application must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm the truth of all the information supplied on this application. You will be required to provide identification and sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal.	
<b>EMPLOYER VERIFICATION INFORMATION</b>	
Last date of pay status	Enter the last day the employee was paid; format = mm/dd/yyyy.
Did the employer-employee relationship extend beyond the last day in pay status	If Yes, provide an explanation in the Explanation section.
Explanation	Provide an explanation if applicable.
Employer's name	Enter the complete name of the last employer.
Unit number	Enter the employer's unit number with INPRS
Address	Enter the street or mailing address of the employer.
City, State, ZIP Code	Enter the city, state, and ZIP code for the mailing or street address of the employer.
Telephone number	Enter the employer's telephone number with area code.
Authorized representative's signature	This application must be signed and dated by the representative; format = mm/dd/yyyy.
Printed name and title of the authorized representative	Enter the name and title of the employer's authorized representative.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/C&amp;E</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(888) 526-1687 (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (hearing impaired) Toll-free	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>

## SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

### Your Rollover Options for Payments

State Form 24728

You are receiving this notice because all or a portion of a payment you are receiving from the Plan is eligible to be rolled over to an IRA or an eligible employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

## GENERAL INFORMATION ABOUT ROLLOVERS

### How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies). However, if you do a rollover of your plan distribution to other than a Roth IRA, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception applies).

### Where may I roll over the payment?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an eligible employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan (for example, no spousal consent rules apply to IRAs and IRAs may not provide loans). Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

### How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still roll over all or a part of that payment by making a deposit into an IRA or an eligible employer plan that will accept it. You will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the taxable portion of the payment for federal income taxes (up to the amount of cash received). This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire taxable portion of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional income tax on early distributions if you are under age 59½ (unless an exception applies).

### How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Required minimum distributions after age 70½ (or after death)
- Hardship distributions
- Corrective distributions of contributions that exceed tax law limitations
- Loans treated as deemed distributions (for example, loans in default due to missed payments before your employment ends)
- Cost of life insurance paid by the Plan

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

### If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59½, you will have to pay the 10% additional income tax on early distributions for any taxable portion of the payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does **not** apply to the following payments from the Plan:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary)
- Payments from a governmental defined benefit pension plan made after you separate from service if you are a public safety employee and you are at least age 50 in the year of the separation
- Payments made due to disability
- Payments after your death
- Corrective distributions of contributions that exceed tax law limitations
- Cost of life insurance paid by the Plan
- Payments made directly to the government to satisfy a federal tax levy

## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

### **Your Rollover Options for Payments**

State Form 24728

- Payments made under a qualified domestic relations order (QDRO)
- Payments up to the amount of your deductible medical expenses
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001, for more than 179 days

### **If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10% additional income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments made after separation from service in a year in which you are at least age 55.
- The exception for qualified domestic relations orders (QDROs) does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse).
- The exception for payments made at least annually in equal or close-to-equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

### **Will I owe State income taxes?**

This notice does not describe any State or local income tax rules (including withholding rules).

## **SPECIAL RULES AND OPTIONS**

### **If your payment includes after-tax contributions**

After-tax contributions included in a payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs).

If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of a payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

### **If you miss the 60-day rollover deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs).

## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

### **Your Rollover Options for Payments**

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#### **If you have an outstanding loan that is being offset**

If you have an outstanding loan from the Plan, your Plan benefit may be offset by the amount of the loan, typically when your employment ends. The loan offset amount is treated as a distribution to you at the time of the offset and will be taxed (including the 10% additional income tax on early distributions, unless an exception applies) unless you do a 60-day rollover in the amount of the loan offset to an IRA or employer plan.

#### **If you were born on or before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump-sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, Pension and Annuity Income.

#### **If you are an eligible retired public safety officer and your pension payment is used to pay for health coverage or qualified long-term care insurance**

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

#### **If you roll over your payment to a Roth IRA**

If you roll over the payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10% additional income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within 5 years, counting from January 1 of the year of the rollover).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs), and IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs).

You cannot roll over a distribution to a designated Roth account in another employer's plan.

#### **If you are not a plan participant**

**Payments after death of the participant** — If you receive a distribution after a participant's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions will not apply. In addition, the special rules for public safety officers do not apply. The special rule described under the section "If you were born on or before January 1, 1936" applies only if the participant was born on or before January 1, 1936.

**If you are a surviving spouse** — If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70½.

**If you are a surviving beneficiary other than a spouse** — If you receive a payment from the Plan because of a participant's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

**Payments under a qualified domestic relations order** — If you are the spouse or former spouse of a participant and you receive a payment from the Plan under a qualified domestic relations order (QDRO), you generally have the same options the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10% additional income tax on early distributions.



## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

### **Your Rollover Options for Payments**

State Form 24728

#### **If you are a nonresident alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, U.S. Tax Guide for Aliens, and IRS Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

#### **Other special rules**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, Armed Forces' Tax Guide.

#### **FOR MORE INFORMATION**

You may wish to consult with the Plan administrator or payor, or a professional tax advisor, before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, Pension and Annuity Income; IRS Publication 590-A, Contributions to Individual Retirement Arrangements (IRAs); IRS Publication 590-B, Distributions from Individual Retirement Arrangements (IRAs); and IRS Publication 571, Tax-Sheltered Annuity Plans (403(b) Plans). These publications are available from a local IRS office, on the web at [www.irs.gov](http://www.irs.gov), or by calling 800-TAX-FORM.