



Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218  
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[www.lacers.org](http://www.lacers.org) | [lacers.services@lacers.org](mailto:lacers.services@lacers.org) | Mail Stop 175  
 (800) 779-8328 | Fax (213) 473-7297 | RTT (888) 349-3996

## DISTRIBUTION ELECTION FORM – ALL MEMBERS LARGER ANNUITY

Complete and return an IRS Form W-9, Request for Taxpayer Identification Number and Certification, for all refunds and rollovers.

|  |                                    |                            |                                  |
|--|------------------------------------|----------------------------|----------------------------------|
| <b>Print Name</b>  | <b>Last 4 of Social Security #</b> | <b>Dept. Last Employed</b> |                                  |
| <b>Mailing Address</b>   | <b>City</b>                        | <b>State</b>               | <b>Zip Code Telephone Number</b> |
| <b>CHOOSE FULL REFUND, PARTIAL REFUND, OR DIRECT ROLLOVER IN AREA BELOW FOR YOUR FINAL DISTRIBUTION.</b> |                                    |                            |                                  |

I request that the full or partial distribution be paid directly to me.

**FULL REFUND**     **PARTIAL REFUND** (of balance not rolled over)

If the taxable refund is \$200 or more, I understand that 20% of the taxable portion of the final distribution will be withheld by LACERS for federal income taxes. I also understand that if I am under age 55 the year I separate from City service, 10% Federal and 2½% State early withdrawal penalties may apply to the taxable portion of the distribution.

I want to withhold California State Tax (2% of taxable amount).     Yes     No

I will pick up the check at LACERS.     Yes     No    If you select "No", your check will be mailed to the address you provided above.

**DIRECT ROLLOVER:** I request a direct rollover of the taxable/non-taxable portion of the final distribution: (Select below)

Full amount of my taxable refund     OR    Partial amount of my taxable refund in the following amount \$ \_\_\_\_\_

Full amount of my non-taxable refund     OR    Partial amount of my non-taxable refund in the following amount \$ \_\_\_\_\_

**FOR REFUND OR ROLLOVER ONLY – Read and Sign Below**

I understand that only one refund of Larger Annuity contributions and accumulated interest is permitted during the term of my membership.

I have been informed that if my Larger Annuity Account is based on the Investment Option return, that my refund will be processed no earlier than 12 weeks from my application date due to the valuation process. I have also received and read the two-page LACERS Tax Notification sheet and have been advised that I may consult a tax advisor for additional information on the tax consequences of my refund.

Member's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARIAL ACKNOWLEDGMENT REQUIRED IF YOU DO NOT SIGN THIS FORM IN LACERS OFFICE AND THE REFUND IS \$200.00 OR MORE.**

State of \_\_\_\_\_ } County of \_\_\_\_\_ }

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary

Received and Filed on \_\_\_\_\_, 202\_\_\_\_  by mail  in person  Attest: \_\_\_\_\_

Dept. # \_\_\_\_\_

**ADA NOTICE**

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services, and activities.

# ROLLOVER INFORMATION FORM

| <b>GENERAL INFORMATION</b> (To be completed by financial institution) |   |                                |                |
|---|---|--------------------------------|----------------|
| Name of Financial Institution to receive Direct Rollover              |   | Telephone Number               |                |
| Mailing Address   | City  | State                          | Zip Code       |
| Type of Plan: (Please select one)                                     |   |                                | Account Number |
| <input type="radio"/> Traditional IRA                                 | <input type="radio"/> Qualified Retirement Plan | <input type="radio"/> Roth IRA | _____          |

## **INFORMATION FOR DIRECT ROLLOVER CHECK** (To be completed by financial institution)

Provide the "Check Payable To" information:

Indicate your institution as trustee, i.e., "[Full name of your company] as Trustee of the IRA of [account owner's name]"

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I understand that the Los Angeles City Employees' Retirement System (LACERS) is a 401(a) qualified employer plan and confirm that this retirement plan will accept this direct rollover from LACERS and that this retirement plan is eligible to receive these funds.

\_\_\_\_\_  
Signature – Officer of Financial Institution

\_\_\_\_\_  
Date

## **READ AND SIGN BELOW** (To be completed by person requesting rollover)

I fully understand that I am responsible for providing LACERS the correct information for a direct rollover and that the plan designated above is an "eligible retirement plan" qualified to receive a direct rollover.

I also understand that the check will be made payable only to the trustee of the account and not to me, as in the following example: "Payable to XYZ Bank as Trustee of the IRA of John Doe."

\_\_\_\_\_  
Signature – Person Requesting Rollover

\_\_\_\_\_  
Date

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