



# Application for Lump Sum (De minimis) Retirement Distribution

MCPS Form 455-26  
April 2014

Employee and Retiree Service Center  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

**INSTRUCTIONS:** Complete this form 30 days prior to effective date of retirement, and return to the Employee and Retiree Service Center.

**RETIREMENT TYPE:**  Normal or Early Retirement  Disability Retirement—Ordinary  Disability Retirement—Accidental

**NAME (PLEASE PRINT)** \_\_\_\_\_ **EFFECTIVE DATE OF RETIREMENT** \_\_\_\_ / **01** / **20**\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_ Last \_\_\_\_\_

**EMPLOYEE ID NUMBER: 0000** \_\_\_\_\_ **SOCIAL SECURITY NUMBER Last 4 digits** \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Payment Distribution Option:** I acknowledge that I have read the Rollover Options Notice, and I understand the tax consequences of my distribution and elect the following:

- 1. Pay my entire distribution to me.** I understand that the taxable portion will be subject to the mandatory 20% federal income tax and if applicable, any state tax withholding.
- 2. Rollover to a Traditional IRA**
- 3. Rollover to a Roth IRA.** I understand that the taxable portion of this distribution will be taxable income, and I voluntarily request Aetna withholds \$ \_\_\_\_\_ in federal taxes and \$ \_\_\_\_\_.
- 4. Rollover to a Qualified Retirement Plan**

**Please complete the financial institution rollover information:**

Direct my eligible rollover distribution to:  IRA  Roth IRA  Qualified Plan

Name of the Financial Institution \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

Attention \_\_\_\_\_

### REQUIRED CERTIFICATION

Under penalty of perjury, I hereby certify that all the information is correct. I acknowledge that I have read the Rollover Options Notice and have been advised of the tax consequences of my distribution and that under current law, I have 30 days in which to make this election. I hereby waive my right to the 30-day election period and request that my distribution be processed as soon as possible in the manner I have elected.

Employee Signature

Date