
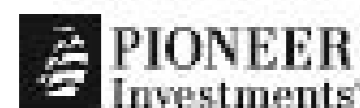


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Qualified Plans Withdrawal Kit

- *Qualified Plan Withdrawal Request Form*
- *Special Tax Notice Regarding Retirement Plan Payments*
- *Domestic Relations Order*
- *Beneficiary Information for Participants and Spouses*



APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS

For security reasons, do not submit application by e-mail.



■ **Contact Us** - toll free: 1-888-275-5737 • phone: 785-296-4369 • fax: 785-296-6458
 e-mail: kpers@kpers.org • web site: www.kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ **Important** - Kansas law requires that your application for withdrawal cannot be signed and submitted until 31 days after you end employment. KPERS will send a 1099-R tax form the following January for your federal income tax return.

■ Part A - Member Information

1. Social Security Number: _____ 2. Name (First, M, Last): _____
 3. Withdrawing from (mark all that apply): KPERS KPSB Judges
 4. Telephone Number: (____) _____ 5. Mailing Address: _____
 6. E-mail Address: _____ City, State, Zip: _____
 7. Date You Last Earned Compensation (including any final or terminal leave periods): ____/____/____

■ Part B - Payment and Rollover Information

Taxable Amount - Please choose one payment option for the taxable amount of your payment. Federal law requires a mandatory 20 percent federal tax withholding on taxable amounts paid directly to you.

- Pay the entire taxable amount to me. Advise us for taxable amount section.
- Pay the entire taxable amount to a qualified defined contribution plan, traditional IRA or Roth IRA. Advise us to #4.
- Pay part of the taxable amount to a qualified defined contribution plan, traditional IRA or Roth IRA and the remainder to me. Enter the dollar amount to be paid to a rollover plan: \$_____. The minimum rollover is \$500. Advise us to #4.
- If you marked #2 or #3, please list the name, address, account number and plan type of each rollover plan. Indicate percentage amounts to be paid to each plan. Total percentage amounts must be in whole numbers and equal 100 percent. Verify with your financial institution or rollover plan exactly how your withdrawal check should be made payable.

a. Rollover Plan #1

Check payable to: _____ Check mailed to: _____
 Mailing Address: _____ Mailing Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Account Number: _____ Percentage to be Rollover Over: _____ %
 Select Plan Type: Traditional IRA Roth IRA Qualified defined contribution plan

b. Rollover Plan #2

Check payable to: _____ Check mailed to: _____
 Mailing Address: _____ Mailing Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Account Number: _____ Percentage to be Rollover Over: _____ %
 Select Plan Type: Traditional IRA Roth IRA Qualified defined contribution plan

Student Reports x

- Withdrawal Form
- Student Data
- Emergency Card
- Student Envelope
- Student Summons Call Slip

Close

Form with sections: IRA BENEVOLENT'S NAME AND ADDRESS, IRA TRUSTEE'S OR CUSTODIAN'S NAME AND ADDRESS, Social Security Number, Date of Birth, Home Phone, IRA Account Identification, Type of IRA, Trustee's or Custodian's Phone Number, Distribution Reasons, Frequency, Special Payment Instructions, and SIGNATURE.

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Please note that not all ISA products offer flexibility, so check the Terms and Conditions before applying. If you have one of the following Isas, there are different rules for taking your money. Over Â£ 500 - Bring your PassBook card or Bank Card, and we'll go through some security questions with you.

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