

**DISTRIBUTION REQUEST FORM
FICA ALTERNATIVE PLAN FOR
OKALOOSA COUNTY SCHOOL DISTRICT**

INSTRUCTIONS:

Complete items one through four and send this form to the employer at the address printed at the bottom of the form. Incomplete forms cannot be processed and will be returned to you.

IMPORTANT INFORMATION ABOUT YOUR CHECK:

The employer will forward this form to Bencor Administrative Services. Your check will be processed after a **3 month waiting period**. The waiting period begins on the termination date provided by your employer. Your check will be sent by First Class Mail to the address you provide on this form. Print clearly to ensure delivery of your check. The mailing date is the 15th day of the month after the month your completed form is received by BENCOR Administrative Services, providing the waiting period has been satisfied, all contributions from your pay have been deposited in your account and all payroll adjustments have been submitted by your employer. An IRS Form 1099-R will be sent to you for tax purposes in January of the year after your distribution.

1) PARTICIPANT INFORMATION

NAME: _____ TELEPHONE:(____)_____

MAILING ADDRESS:_____

CITY, STATE, ZIP CODE:_____ EMAIL ADDRESS:_____

DATE OF BIRTH:_____ SOCIAL SECURITY #:_____-_____-_____

2) REASON FOR DISTRIBUTION (Mark one)

____ Termination ____ Retirement ____ Disability ____ Death*

**Note: In the event of the Participant's death, attach a certified copy of the death certificate. Complete the beneficiary information below.*

3) FORM OF DISTRIBUTION (Mark one)

***** READ THE IRS SPECIAL TAX NOTICE BEFORE SELECTING AN OPTION *****

_____ **DISTRIBUTION IN CASH** (Distribution is taxable in the year it is paid. 20% mandatory withholding will be sent to the IRS if your distribution is \$200 or more.)

_____ **DIRECT ROLLOVER TO AN INDIVIDUAL RETIREMENT ACCOUNT (Traditional IRA)** (This option is available for distributions over \$200. Distribution is not currently taxable. Attach a separate page with the IRA account number, custodian's name and the address to which the rollover should be sent.)

_____ **DIRECT ROLLOVER TO A ROTH INDIVIDUAL RETIREMENT ACCOUNT (Roth IRA)** (This option is available for distributions over \$200. Distribution is taxable in the year it is paid. Tax withholding is not required. Attach a separate page with the Roth IRA account number, custodian's name and address to which the rollover should be sent.)

_____ **DIRECT ROLLOVER TO AN ELIGIBLE QUALIFIED RETIREMENT PLAN** (This option is available for distributions over \$200. Distribution is not currently taxable. Attach a separate page with the receiving retirement plan's account number, custodian's name and the address to which the rollover should be sent.)

4) SIGNATURE OF PARTICIPANT OR BENEFICIARY

I, the undersigned ___participant or ___beneficiary (choose one), hereby authorize disbursement of the funds as indicated above. I have read the "Special Tax Notice Regarding Plan Payments." I certify that the information entered on this form is true, correct and complete.

(Signature of Participant or Beneficiary)

(Date)

(SS # of Beneficiary if applicable)

TO BE COMPLETED BY THE EMPLOYER:

DATE OF TERMINATION:_____ DATE OF FINAL PAYCHECK:_____

(Signature for Employer)

(Date)

**Send Completed Form To:
OKALOOSA COUNTY SCHOOL DISTRICT
Human Resources Dept.
120 Lowery Place
Ft. Walton Beach, FL 32548**

Plan # 91104