This is a form for retirement contributions.
Select one of the following methods of distribution:

Initial One

1.____ I elect to receive 100% of my eligible accumulated employee contributions in a Lump Sum Payment Directly to Me (less required federal tax withholding)

Send the entire refund to:

Name: _____________________________________________________________________________

Address: __________________________________________________________________________

Telephone #: _________________________________________________________________________

2.____ I elect 100% of the eligible accumulated employee contributions for direct rollover to an Individual Retirement Arrangement (IRA) or to another eligible retirement plan (i.e. 401(a), 401(k), 403(b) or 457(b)) named below. Note: In order to be eligible for this option, you must directly rollover at least $200.00.

Name of IRA Custodian or Plan Trustee/Plan Administrator: ________________________________

Name of Other Eligible Retirement Plan (if applicable): ____________________________________

Account #: __________________________________ Telephone #: ____________________________

Address: __________________________________________________________________________

3.____ I elect ____% or $_________ of the eligible accumulated employee contributions for direct rollover to an Individual Retirement Arrangement (IRA) or to another eligible retirement plan (i.e. 401(a), 401(k), 403(b) or 457(b)) named below. The remaining eligible accumulated employee contributions (less required federal tax withholding) will be paid directly to me at the name and address specified above. Note: In order to be eligible for this option, you must directly rollover at least $500.00.

Name of IRA Custodian or Plan Trustee/Plan Administrator: ________________________________

Name of Other Eligible Retirement Plan (if applicable): ____________________________________

Account #: __________________________________ Telephone #: ____________________________

State & Federal Tax Notice (For Option 1 or 3):

When paying refunds, AC Transit Employees' Retirement System is required by law to withhold 20% of the taxable contributions and interest for federal tax. California State tax is 10% of the federal tax withholding, i.e. 2% of total taxable distribution.

State law requires taxes to be withheld unless you elect taxes not be withheld. If you do not want to have state taxes withheld from your refund, please indicate by checking the box below.

☐ DO NOT withhold any state taxes from my refund  
☐ Yes, withhold California State taxes from my refund  

Note: If neither box is checked, we will withhold California State taxes.

Continue to Page 3 to sign form.
**Initial One that Applies to your Marital Status**

I hereby declare under penalty of perjury that:

______ During my employment with AC Transit, I was neither legally married nor a party to a registered domestic partnership. (Continue to Member’s Signature)

______ During my employment with AC Transit, I was married to, or in a registered domestic partnership with ONLY the person who signed below. (Continue to Spouse/Registered Domestic Partner’s Consent)

______ During my employment with AC Transit, I was married to, or in a registered domestic partnership with the person(s) named below. My current spouse/registered domestic partner, if applicable, has signed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Start/End Date of Marriage/Partnership</th>
<th>Status (Married/Divorced/In Partnership/Partnership Ended)</th>
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**SIGNATURES**

**Spouse/Registered Domestic Partner’s Consent:**

I, ________________________ (print name), have read, consent to, and join in the election made by my spouse/registered domestic partner.

Spouse/Registered Domestic Partner’s Signature  Date (mm/dd/yyyy)

Member’s Signature  Date (mm/dd/yyyy)