

Refund Application

MEMBER INFORMATION

Name:		Employee Number:	
SSN:		Termination Date:	
Address:			
City:		State:	
		Zipcode:	
Phone Number:		Email:	
Department:		Date of Birth:	
		Age:	

MARITAL STATUS

I declare under penalty of perjury under the laws of the United States of America that the forgoing is true and correct:

My current marital status is: ☐ Single ☐ Married

- ☐ I have not been married at any time during my employment with the City of Dallas.
- ☐ I have been married to the individual(s) named below during my employment with the City of Dallas, and have provided to the Employees' Retirement Fund copies of all divorce decrees and/or death certificates:

Spouse Name:		Marriage Dates:	
Spouse Name:		Marriage Dates:	

REFUND/ROLLOVER SELECTION

I am applying for a refund and/or rollover of my contributions to the Employees' Retirement Fund. I affirm that I have read and understand the information on the last page of this form. I have elected the following:

- ☐ No rollover - Issue a check to me. *I understand that mandatory withholding and taxes may apply.*
- ☐ Rollover - I have completed the information in the Rollover Section below. *If I check this box and fail to complete the Rollover Section, I understand that my entire distribution may be delayed.*

ROLLOVER TYPE SELECTION

Complete this section if you checked "Rollover." You may roll over all or a portion of your funds. Any funds rolled over will be issued to your designated rollover institution. Amounts not rolled over will be sent directly to you. A mandatory 20% federal income tax withholding applies to any pretax contributions that are not rolled over. To complete a direct rollover, you must specify the portion of your refund to be rolled over, and the rollover institution that will receive those funds. **Note: No changes can be made after the Rollover process has begun.**

I direct the Fund to (check one):

- ☐ Rollover ALL of my pretax and after-tax contributions. Refund no contributions directly to me.
- ☐ Rollover ALL of my pretax contributions. Refund my after-tax contributions to me.
- ☐ Rollover \$ of my pretax contributions and/or \$ of my after-tax contributions and refund the remainder of my account to me.

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INSTITUTION INFORMATION

Please rollover the funds directed above to the following Traditional IRA or qualified plan. If I am rolling over after-tax funds, I have verified that the rollover institution is both eligible and willing to accept after-tax contributions.

Trustee Name:			
Attn:		Account Number:	
Address:			
City:		State:	
		Zipcode:	

ACKNOWLEDGEMENTS

- If I have five or more years of credited service **or** am a Tier A member and age 60 or a Tier B member and age 65 at termination, I have the following three options:
 1. I am eligible to leave my contributions in the Fund and receive a pension at age 60. If I do not return this form, my account will automatically be placed in deferred status until my retirement. However, I may request and receive a refund of my contributions, instead of a pension, at any time prior to my retirement.
 2. By applying for a refund of contributions in lieu of benefits, I am forfeiting any rights to future pension benefits.
 3. I acknowledge that if I have five or more years of service, I have signed and returned a release form, forfeiting my rights to a pension benefit. If you have not signed a release contact ERF at retirement_fund@dallaserf.org or 214.580.7700.
- My distribution cannot be made until at least 30 days after my receipt of the Special Tax Notice Regarding Plan Payments. By signing this form, I acknowledge that I have received and read the Special Tax Notice, I agree to waive the 30-day notice requirement, and I request that my refund or rollover be made as soon as administratively possible.
- If I have received any prior disbursements from ERF, those amounts will be subtracted from the amount of my contributions in calculating my refund.
- If I withdraw my contributions, I may be eligible to repay them, with interest, and be entitled to prior service credit. I understand that, under current law, to restore this service credit, I must (a) return to City employment within six years; (b) be reemployed for twelve consecutive months; (c) be employed by the City when I make a lump sum payment of both principal and interest; and (d) make the payment within three years of my reemployment. I also understand that the Plan provisions may be changed, and that my rights would be governed by the new provisions.
- This distribution may consist of money that has been previously taxed (after-tax contributions) and money on which no taxes have been paid (pretax contributions). Both are eligible for rollover into a traditional IRA or another employer's qualified plan, which separately accounts for the taxable and non-taxable portions. If I do not roll over after-tax contributions, no taxes will be due on them. However, if I do not complete a rollover of pretax contributions, I will owe ordinary income tax on that amount and may also owe a 10% early withdrawal penalty. The Employees' Retirement Fund is required to withhold 20% toward satisfying this income tax obligation.

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MEMBER SIGNATURE

If you have more than five years of employment with the City of Dallas, you must have this form notarized and a release must be signed, *contact ERF to obtain the required release and, if you would like an online notary, to arrange for digital notarization.*

If you left the City of Dallas with fewer than five years of service, the form must be notarized **or** signed by an ERF staff member upon submission.

Member Signature

Date

Signature of Spouse

Date

BEFORE ME, the undersigned authority, on this day personally appeared the individual(s) named above, and under oath stated that this Application for Retirement Pension is given for the purpose and consideration stated therein; that the same is in all respects true and correct, and is given with the knowledge and intent that the Employee's Retirement Fund of the City of Dallas will rely thereon.

SUBSCRIBED AND SWORN TO BEFORE ME, this _____ day of _____, 20 _____
to certify which witness my hand and seal of office.

Notary Public in and for

_____ County

_____ State

ERF STAFF VERIFICATION

Signature of ERF Staff Member

Date Received