

Tulsa County Retirement System c/o Tulsa County Clerk 218 W. 6th Street, 7th Floor Tulsa, OK 74119 918 596-5854 Fax 918 596-5867

ELECTION OF WITHDRAWAL DISTRIBUTION

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To designate the method of disbursement of your withdrawal, you must complete this form and return it to the Retirement System. If you wish to directly rollover all or a part of your distribution, you must also complete the Taxable Rollover Application and/or the Non-Taxable Rollover Application forms. Failure to correctly complete any portion of these forms will delay the payment of the distribution. All necessary forms must be received prior to the distribution.

I. MEMBER INFORMATION

NAME (First, Middle, Last)	Last 4 Digits of Social Security Number			
Mailing Address (Street or P.O. Box, City, State, Z	Zip) Indicate with X Are you an Oklahoma Resident? Yes or No			
Daytime Telephone Number	Is this a new address? Yes or No			
II. DISTRIBUTION ELECTION - I elect	a complete distribution as follows:			
Taxable Portion (select only one):	*Requires completion of Taxable Rollover Application			
Paid directly to me (less tax with)	nolding)			
Direct Rollover*				
Partial Rollover* in the amount of	of \$ with balance paid to me.			
I do not have any taxable portion				
Non-Taxable Portion (select only one):	**Requires completion of Non-Taxable Rollover Application			
——— Paid directly to me (less tax with	holding)			
Direct Rollover**				
Partial Rollover** in the amount	of \$ with balance paid to me.			
I do not have any non-taxable por	rtion.			

III. ELECTION FOR ADDITIONAL TAX WITHHOLDING (For taxable distributions to me)

OPTIONAL: I would like additional amounts withheld for taxes from my taxable distribution in the amount

of: \$ Federal \$ Oklahoma State

IV. ELECTION CERTIFICATION

I elect to receive my distribution as indicated on this form. I understand that my choice for payment made on this form cannot be changed after this form is received by Tulsa County Retirement System. By signing this form I acknowledge that I have read and understand these decisions and this certification. The elections on this form may be adjusted by the Retirement System to reflect final contribution totals. I understand that if I am eligible for a vested benefit, all distributions will be delayed until I have made an election concerning my vested benefit.

I understand that the distribution for any portion that is rolled over will be made out in the name of the new plan trustees or custodians as designated. I understand that all taxable distributions NOT rolled over will be subject to mandatory withholding of 20% for federal tax, and for Oklahoma residents, 5% state tax. I understand that the distribution made to me may also be subject to additional taxes or penalties, which will be solely my responsibility.

I acknowledge that Tulsa County Retirement System, its Board of Trustees, its employees and Tulsa County are not responsible for any tax consequences to me that result from this distribution. I further acknowledge that the Retirement System strongly recommends that I seek the advice of a tax advisor regarding potential adverse tax consequences as a result of my elections and this distribution.

					Date			
Member's Signature					240			
FOR USE OF RETIREMENT SYSTEM ONLY:								
	TOTAL	ROLLOVER AMT	DIST	FED	ST	NET DIST		
TX								
NTX								