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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

**MEMBER INFORMATION** 

## ELECTION OF WITHDRAWAL DISTRIBUTION

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.

NAM	IE (First, Mic	ldle, Last)		xxx-xx Last 4 Digits of Social Security Number			
Mailing Address (Street or P.O. Box, City, State, Zip)  Daytime Telephone Number			tate, Zip)	Indicate with X  Are you an Oklahoma Resident? Yes or No  Is this a new address? Yes or No			
Dayt	-	JTION ELECTION - I	elect a comple	te distribution a	s follows:		
Taxab	Dire	ect only one): d directly to me (less tax ect Rollover* tial Rollover* in the amo	withholding)	quires completi		Rollover Application  paid to me.	
Non-	Faxable Portio Paic Dire	o not have any taxable po n (select only one): d directly to me (less tax ect Rollover** tial Rollover** in the an	**Requi withholding) nount of \$	-	of Non-Taxabl with balance p	le Rollover Application paid to me.	
III. OPTI of:	ELECTION	o not have any non-taxal N FOR ADDITIONAL ould like additional amo Federal	TAX WITHH			ribution in the amount	
change unders final co	to receive my di ed after this form stand these decis ontribution tota	n is received by Tulsa Cour sions and this certification ls. I understand that if I ar	nty Retirement S The elections of	System. By signin on this form may	g this form I acl be adjusted by t	ent made on this form cannot be knowledge that I have read and the Retirement System to reflect ill be delayed until I have made a	
unde custod 20% fo	rstand that the dians as designat	ed. I understand that all t	axable distributi 5% state tax. I	ons NOT rolled o understand that t	ver will be subje	of the new plan trustees or ect to mandatory withholding of made to me may also be subject	
any taz ecom	x consequences	to me that result from this	distribution. I f	urther acknowled	lge that the Reti	lsa County are not responsible for irement System strongly as a result of my elections and th	
Memb	er's Signature			_	Date		
OR U	SE OF RETIR	EMENT SYSTEM ONLY ROLLOVER AMT	Z: DIST	FED	ST	NET DIST	
TX						<u> </u>	