



City of Knoxville Pension System
 917B East Fifth Avenue
 Knoxville, TN 37917-7737
 Phone: (865) 215-1444
 Fax: (865) 215-1440

**PLAN G OPTION 1 INDIVIDUAL ACCOUNT
 REFUND APPLICATION NON-VESTED MEMBER**

This form is to be used by a member of Plan G Option 1 who has less than 5 years of service at the time of termination and who wishes to withdraw the value of the member's Employee Account within the Individual Account in Plan G. The application date must coincide with or follow the termination date of the member's employment.

Section I - Member Information and Certification of Application

Please complete the following information:

| | | |
|----------|-------------|-------------------|
| Name: | SSN: | Application Date: |
| Address: | Department: | Termination Date: |
| City : | State : | Zip : |

You must elect one (1) of the following two options:

_____ I hereby elect to withdraw the value of my Plan G Option 1 Employee Account as of the Valuation Date immediately preceding the date of my application. I understand the refund amount will also include any employee contributions which have been credited to the Employee Account after the Valuation Date immediately preceding the date of my application.

_____ I hereby elect to withdraw the value of my Plan G Option 1 Employee Account as soon as practicable after the succeeding Valuation Date of the date of my application. I understand the refund amount will also include any employee contributions which have been credited to the Employee Account after the Valuation Date immediately succeeding the date of my application.

I understand this account may only be reinstated if I am reemployed within six years of my termination date from the City of Knoxville and comply with the requirements of Charter Section 1350.9 to effect reinstatement of this account. I certify I have filed this application for refund voluntarily.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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RECEIVED BY: _____ DATE: _____



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Section II Member Direction/Authorization of Distribution pursuant to Special Tax Notice

I acknowledge receipt of the Special Tax Notice on _____.

I hereby waive the IRS mandated 30 day waiting period and request that the pension system proceed with this refund in accordance with my direction and authorization as follows:

Member must indicate only one (1) choice for the distribution of the taxable portion of this refund:

_____ 1) I hereby direct the entire taxable portion of the distribution to be paid directly to me. I understand the pension system is required to withhold 20% of the taxable portion of this distribution for federal income tax purposes.

_____ 2) I hereby direct the entire taxable portion of the distribution to be paid (ROLLOVER) to the trustee of a successor plan which is eligible to receive such funds and will accept such distribution. I hereby certify that I have confirmed with the successor trustee that the plan is eligible to receive this distribution.

_____ 3) I hereby direct \$ _____ of the taxable portion of the distribution to be paid (ROLLOVER) to the trustee of a successor plan which is eligible to receive such funds and will accept such distribution. I hereby certify that I have confirmed with the successor trustee that the plan is eligible to receive this distribution. I hereby direct the remainder of the taxable portion be paid directly to me. I understand the pension system is required to withhold 20% of the taxable portion paid directly to me for federal income tax purposes.

If choice 2 or choice 3 has been elected above, the member must provide the following information:

Name of Successor Trustee: _____

Address of Successor Trustee: _____

Account number of new plan (if any): _____

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If I am a resident of a state which has mandatory state income tax withholding, I hereby direct the pension system to withhold state income tax in accordance with the following election:

_____ 1) I do not want any state income tax to be withheld from this refund.

_____ 2) I authorize the pension system to withhold state income tax in accordance with the state withholding requirements for my state of residence. If no election is made and the state indicated in Section I is a state with mandatory state withholding, the pension system will withhold for state income tax.

I hereby direct additional withholding for federal income tax purposes in the amount of \$_____.

I understand after tax employee contributions (made prior to 7/1/1986), if any, are non-taxable to me, and the pension system will refund those contributions directly to me at the address indicated in Section I.

Employee Signature: _____ Date: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____