



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

**PLAN C REFUND APPLICATION  
 NON - VESTED MEMBER**

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This form is to be used by a member of Plan C who has less than 5 years of service at the time of termination and who wishes to withdraw their contributions to Plan C. The application date must be coincident with or after the termination date of a 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 :

I hereby certify that I have terminated my employee relationship with the City of Knoxville on the termination date completed above and hereby elect to withdraw the employee contributions credited to Plan C. I understand the refund will also include interest computed pursuant to Charter Section 1390.1(O). I understand this application for withdrawal terminates my membership in Plan C of the City of Knoxville Pension System pursuant to Charter Section 1390.16. All credited service with the City of Knoxville Pension System is hereby forfeited. I understand I have the option to defer the withdrawal of these contributions and retain my vested rights in my benefit entitlement at my normal retirement age.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ 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: \_\_\_\_\_

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