



PLAN H REFUND APPLICATION
NON-VESTED MEMBER (<10 years service)

City of Knoxville Pension System
Public Safety Complex
1650 Huron Street
Knoxville, TN 37917
Phone: (865) 215-7750
Fax: (865) 215-7758

Section I - Member Information and Certification of Application

Please complete the following information:

Name:		SSN:
Address:		Termination Date:
City, State:	Zip:	Department:

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 my account. I understand this Refund Application terminates my membership in Plan H of the City of Knoxville Pension System pursuant to Charter Section 1381.1(S). All service with the City of Knoxville Employees' Pension Plan is hereby forfeited. I understand this service 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 1381.2(D)(2) to effect reinstatement of this service. I understand I have the option to defer the withdrawal of these contributions for up to six years after my termination date and have submitted this application for refund voluntarily. I understand the refund will also include interest computed pursuant to Charter Section 1381.1(S).

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Section II - Member Direction/Authorization of Distribution pursuant to Special Tax Notice
"Your Rollover Options" will be emailed to Member unless otherwise requested.

Email address: _____
_____ I prefer a printed copy of the Special Tax Notice.

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:

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 system will withhold for state income tax.

OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____



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

Member must indicate **only one** 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) : _____

Employee Signature: _____ Date: _____

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DATE: _____