



**PLANS C, G2 and H REFUND APPLICATION  
VESTED MEMBER**

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

I wish to apply for the following refund (initial one):

- \_\_\_\_\_ Plan C with over 5 years of service (§1390.1(O); §1390.16; §1350.9)  
\_\_\_\_\_ Plan G2 with over 5 years of service (§1371.7 (Ref. to §1360.7); §1350.9)  
\_\_\_\_\_ Plan HG with over 10 years of service (§1381.1(S); §1381.4(F)(1); §1381.2(D)(2))  
\_\_\_\_\_ Plan HU with over 10 years of service (§1381.1(S); §1381.4(F)(1); §1381.2(D)(2))

**Member Information and Certification of Application**

Please complete the following information:

|              |              |                     |
|--------------|--------------|---------------------|
| Name:        | SSN:         | Application Date:   |
| Address:     | Department:  | Termination Date:   |
| City :       | State :      | Zip :               |
| Cell Phone#: | Home Phone#: | Home Email Address: |

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 the above Plan. I understand the refund will also include interest computed pursuant to the Charter Section listed above for my respective Plan. I understand this application for withdrawal terminates my membership in above Plan of the City of Knoxville Pension System pursuant to above listed Charter Section. 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 the above referenced Charter Section's listed requirements to effect reinstatement of this account. I certify that I have submitted this application for refund voluntarily.

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:

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.

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

\_\_\_\_\_ 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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OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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. (Note: TN residents may check this box since TN doesn't have a state income tax)

\_\_\_\_\_ 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 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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OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_