

Required Minimum Distribution (RMD) Withdrawal Application

Member ID:					
	TION Date of Birth: first, middle initial):				
	mot, madic initially.				
	Home Phone: (
IMPORTANT INFORM	IATION				
immediately unless you be processed on the ne receives the completed request has been proce Accumulated balance w month. These will be pr weekend and holidays) date (adjusted for week will be processed on or	rithdrawals between \$500 up to are required to submit additional a	onal forms. If a required to so cocessed accorde within 3-7 are must be received after the following	your withdrawasubmit additional ordingly using the business days. Leived by 1:00 pm lowing receipt or will be made with 1:00 pm (ET) or receipt of the co	I is received a I forms. Once e most recent in (ET) on the f the complet vithin 48 hour in the last bus completed for	ethe Pension Boards tunit value. Once the last business day of the ted forms (adjusted for rs after the processing iness day of the month ms using the most recent
•	Minimum Distribution (RMD) t f applicable) will automatically				-
_	% (minimum 10%	5) from my dis	stribution(s) for f	ederal taxes.	

Please select ONE: [] I would like to have the entire amount of my withdrawal paid to me. I understand that 10% will be withheld and sent to the IRS as an income tax withholding. [] I would like to withdraw \$_______ from my account. [] I would like to withdraw _______ % from my account. SPOUSAL CONSENT AND NOTARY Spousal consent and notary are only required if the applicant is married and has chosen an RMD withdrawal. Spouse's Consent: [] I hereby consent to the election by my spouse of an RMD withdrawal. I understand that no annuity or reduced benefits will be payable to me. Spouse's Signature ______ Date: _______

SIGNATURE

Notary's Stamp:

Member Signature ______ Date: _____

Notary's Signature_____ Date: _____