

## Introduction

# Application for Withdrawal of Accumulated Total Deductions

Form Last Revised: June, 2011

---

*The Application for Withdrawal of Total Accumulated Deductions* allows an eligible member to receive a refund of the total accumulated deductions in his or her annuity savings (retirement) account. An eligible member is one who:

- has terminated his or her employment with a governmental unit;
- is not receiving workers' compensation;
- is not seeking to be restored to his or her position; and
- is not accepting a position in the service of the Commonwealth or one of its political subdivisions.

Members are strongly advised to review the following:

- If you have over ten years of creditable service, you may currently be or might become eligible for a retirement allowance. By taking a withdrawal of your accumulated total deductions, you will lose any right to this retirement allowance. Before proceeding with a withdrawal, you should ask your retirement board for a personalized estimate of any benefits that you will forego by withdrawing.
- Taking a refund of your total accumulated deductions terminates your rights in the retirement system and may subject you to tax consequences. For distributions made after January 1, 2002, please be aware that your options of an eligible retirement plan for transferring your deductions have been expanded dramatically. Please carefully review the "Special Tax Notice" that accompanies this application. If you have unresolved concerns, you may wish to consult with an attorney or a tax professional.
- The amount of interest that members receive will vary, depending upon the years of creditable service and the nature of the separation from employment.
- Your employer must certify the termination of your employment, that you owe no obligation to the employer under an employee benefit plan, and sign this application.
- Your retirement board will determine if you are eligible for a refund of your total accumulated deductions.

## Instructions

Members must complete pages 1, 2, and 3, and sign page 3.



# Application for Withdrawal of Accumulated Total Deductions

Form Last Revised: February, 2012

**Retirement Board:** Please place your address and phone number here. ▶

Winchester Retirement Board  
71 Mount Vernn Street  
Winchester, MA 01890  
781 721-7127

To the  Retirement Board Date

## Section A: To Be Completed by the Member

Name (Print) Social Security #  Phone #   
  
Former or Maiden Name (if different) Cell Phone #  E-mail Address

I (Check One)  terminated  resigned from my position,  (job title) with the political subdivision of , effective .

I, the undersigned, hereby request that the amount in my Annuity Savings Fund account be paid to me as directed herein. I understand that in consideration of the return of said amount, my membership in the Retirement System shall terminate and all rights and privileges to which I was entitled as a member of the Retirement System are hereby surrendered, including eligibility for a termination retirement allowance upon completion of 20 years of service and including eligibility to receive a retirement allowance upon completion of 10 years of service and upon attaining age 55. I hereby elect to receive a return of my accumulated total deductions as provided herein in lieu of the receipt of such allowance. I understand that if I return to employment that renders me eligible to become a member of a Retirement System, I will do so with the status of a new member with the contribution rate then in effect and will not be entitled to creditable service for my previous service unless after I return to service and before the date that any retirement allowance becomes effective for me I pay into the Annuity Savings Fund of the Retirement System an amount equal to the accumulated deductions withdrawn by me together with buyback interest to date. Such payment into the Annuity Savings Fund of the Retirement System shall be in one lump sum or in installments as authorized by the Retirement Board. I understand that the Retirement Board will provide my name to the Massachusetts Department of Revenue for child support obligation purposes.

I have read the Special Tax Notice Regarding Plan Payments provided to me by the Retirement Board. I understand that if I choose to directly receive the return of my accumulated total deductions, 20% of the taxable portion of such return will be withheld and paid to the Internal Revenue Service.

1) It is  it is not  my intention to accept a position in the service of the Commonwealth or any political subdivision thereof which would entitle me to become a member of any similar contributory retirement system or seek to be restored to the position from which I was terminated.

2) I am  I am not  receiving Workers' Compensation Benefits pursuant to the provisions of G.L. c. 152.



		M.I.	
Member's Last Name	First		Social Security #

3) Have you been officially investigated for or charged with misappropriation of funds from your employer or convicted of any crime related to your office or position?  Yes  No  
 If **yes**, please provide documentation.

**Method of Payment**

4) Check One:

- A) I wish to have the amount of my Annuity Savings Fund that is eligible for a refund paid directly to me in full with the exception of the 20% withholding of the federally taxable portion, which will be paid to the Internal Revenue Service.
- B) I wish to have the federally taxable amount of my Annuity Savings Fund that is eligible for a refund paid directly to an IRA, a 401(a) qualified plan, a 403(b) annuity contract, or an eligible governmental 457(b) deferred compensation plan as specified below, with the federally non-taxable amount paid directly to me.
- C) I wish to have the federally non-taxable amount of my Annuity Savings Fund paid to an IRA or a 401(a) defined contribution plan as specified below, with the federally taxable amount paid directly to me.
- D) I wish to have the federally taxable amount of my Annuity Savings Fund that is eligible for a refund paid directly to an IRA, a 401(a) qualified plan, a 403(b) annuity contract, or an eligible governmental 457(b) deferred compensation plan as specified below, with the federally non-taxable amount of my Annuity Savings Fund paid to an IRA or a 401(a) qualified defined contribution plan as specified below.
- E) I wish to have \_\_\_\_\_% of the federally taxable amount of my Annuity Savings Fund that is eligible for a refund paid directly to me (on which I realize there will be 20% withholding paid to the Internal Revenue Service) and the balance of the federally taxable amount of my Annuity Savings Fund paid directly to an IRA, a 401(a) qualified plan, a 403(b) annuity contract, or an eligible governmental 457(b) deferred compensation plan as specified below, with the federally non-taxable amount paid directly to me.

**For Taxable Portion**

Name (IRA, qualified 401(a) plan, 403(b) annuity provider, or eligible governmental 457(b) deferred compensation plan)

<input style="width: 95%;" type="text"/>			
Address of above-listed entity	City	State	Zip

Member's Account Number with above-listed entity

<input style="width: 95%;" type="text"/>			
Member's Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Last Name	First	M.I.	Social Security #

For Non-Taxable Portion

Name (IRA, qualified 401(a) defined contribution plan)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of above-listed entity	City	State	Zip

Member's Account Number with above-listed entity

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Address	City	State	Zip

### Important Notice

Be aware that, if you take a refund of your retirement contributions, you will terminate your membership and your rights in the retirement system. If you later return to Massachusetts public service on or after April 2, 2012 after receiving a refund, YOU WILL BE CONSIDERED A NEW EMPLOYEE and will be subject to the pension reform changes included within Chapter 176 of the Acts of 2011.

These changes include, but are not limited to:

- A new age factor table that will require you to work longer for the same or a similar benefit that you would receive under today's table.
- An increase in the salary average period used in the retirement benefit calculation formula from 3 years to 5 years.
- An increase in the minimum retirement age from age 55 to 60.

#### Member & Witness Signature Block

I request payment according to the method selected on page 2.

Member's Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

Witness' Signature \_\_\_\_\_

Witness' Printed Name \_\_\_\_\_ Date of Signature \_\_\_\_\_

member's address :