

# Tax Withholding Notification and Election Nonperiodic Distributions/Refunds



<b>Notification</b>	Your plan administrator is required to provide you with a tax notice regarding qualified plan payments. It contains the important information you need to know before making a payment/withholding election. You should understand that the taxable portion of an eligible rollover distribution is subject to 20% mandatory Federal income tax withholding unless you elect a Direct Rollover of the funds to a qualified plan or an Individual Retirement Account (IRA). You have the right to make or change your election up to the date of payment, but the election may not be made or changed after the distribution has been made.		
<b>GENERAL INFORMATION</b>  <b>(PLEASE COMPLETE)</b>	Last Name	First Name	MI
	Address (No. & Street)		
	City	State	Zip Code
	Social Security No./Taxpayer Identification No.	Date of Birth / /	Scheduled Payment Date
<b>Election</b>  <b>A. Direct rollover of distribution</b>  If you wish to authorize a direct rollover of an eligible rollover distribution, complete this section. Failure to provide all information could delay the transaction.	<input type="checkbox"/> I hereby authorize a Direct Rollover of \$ _____ (or _____ %) of the portion of this distribution which qualifies as an eligible rollover distribution. I will receive a direct payment for any portion of the distribution that (1) I do not authorize for Direct Rollover; (2) is a non-taxable (normally post-tax contributions); OR (3) is not eligible for Direct Rollover (complete section C). I understand that the amount directly rolled over will not be subject to any Federal/State income tax withholding, nor will it be taxable to me at this time.  <b>As allowed under the Unemployment Compensation Amendments Act of 1992, the Direct Rollover should be made payable in accordance with the attached document which I have obtained from the Financial Institution. The funds will be directly transferred to a/an:</b>  <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Individual Retirement Account (IRA)		
<b>B. Individually paid distribution subject to 20% withholding</b>  If you wish to have the distribution paid directly to you, complete this section.	<input type="checkbox"/> I do not authorize a Direct Rollover of funds, even though this distribution qualifies as an eligible rollover distribution. I understand that this will result in the deduction of 20% <i>mandatory</i> Federal income tax withholding from the taxable portion of the distribution which is payable to me.  <input type="checkbox"/> Additionally, I authorize a deduction of 6% voluntary State of Georgia income tax withholding from the taxable portion of the distribution which is payable to me.		
<b>C. Non-periodic Distribution subject to 10% withholding</b>  If all or a portion of the distribution that is taxable does not constitute an eligible rollover distribution, complete this section and select the desired withholding option.	<input type="checkbox"/> I do <input type="checkbox"/> I do not elect State (If applicable) withholding from the distribution that is NOT an eligible rollover distribution, because the distribution is: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A required distribution payable after I've reached age 70 ½, or</li> <li><input checked="" type="checkbox"/> A death benefit payable after the employee's retirement, or</li> <li><input checked="" type="checkbox"/> A death benefit payable before the employee's retirement, to a beneficiary who is not the spouse.</li> </ul>		
<b>Certification</b>	Under penalty of perjury, I hereby certify that my name, resident address, social security number and date of birth, as shown above are correct. I have received the tax notice regarding qualified plan payments and chose the election(s) shown above.		
Payee's Signature:		Date:	

# Tax Withholding Notification and Election Nonperiodic Distributions/Refunds



Last Name	First Name	MI	Employee ID#
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**IMPORTANT NOTICE REGARDING DIRECT ROLLOVER TRANSFERS**

The MARTA Non-Represented Pension Plan is a *defined benefit plan* and, as such, does not accept rollover contributions.

Under the provisions of this plan, a plan participant may elect to receive a lump sum distribution of the employee contributions (plus interest). If you elect to apply for a lump sum distribution, there are some *important facts* you should be aware of concerning *rollover transfers* of such distribution.

**The law permits rollovers to qualified Individual Retirement Accounts (IRA), a qualified Individual Retirement Annuity, a qualified annuity under Internal Revenue Code §403(b), and a qualified individual retirement account plan under Internal Revenue Code §401(a). The transferee (receiving) plan must indicate which type of account the rollover will be transferred into.**

The law does not permit to rollover to a Roth IRA or an educational IRA.

The MARTA Non-Represented Pension Plan must receive written confirmation from the transferee (receiving) plan that the plan will accept the rollover contribution. This confirmation must be supplied before any direct rollover distribution will be made. The transferee (receiving) plan should recite as part of its confirmation of acceptance that it is accepting a rollover from a *defined benefit plan* (as opposed to a defined contribution plan or IRA).

This notice is designed to help you obtain a direct rollover. The MARTA Non-Represented Pension Plan cannot provide individual tax or legal advice. If you have questions or concerns regarding taxation or other treatment of rollover distributions, please contact your tax advisor or attorney.

Respectfully,

MARTA Non-Represented Pension Plan

**Please confirm below that the above employee has received his/her final paycheck and has no outstanding credit union loans, worker's compensation claims, or other debts. All outstanding debts should be indicated in the space provided below.**

<b>Payroll</b>	_____	_____	\$ _____
	Signature	Date	Amount Due
<b>Risk Management</b>	_____	_____	\$ _____
	Signature	Date	Amount Due
<b>Occup. Medicine</b>	_____	_____	\$ _____
	Signature	Date	Amount Due

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_