

Individual Account Program (IAP) Retirement Application

Stop!

Make sure this is the form you need before completing and submitting it.

After January 1, 2011, legislation requires that if you choose to retire from one PERS plan, you must retire from all. If you are retiring after this date, you need to use the [Tier One/Tier Two/IAP Retirement Application](#) or the [OPSRP Pension Program and Individual Account Program \(IAP\) Retirement Application](#).

If you retired from Tier One/Tier Two or the OPSRP Pension Program before January 1, 2011, and now want to retire from IAP, this is the correct form.

This form can also be used by disability members and alternate payees who want to retire ONLY from IAP. If you want to retire from Tier One/Tier Two or the OPSRP Pension Program as well, use the [Tier One/Tier Two/IAP Retirement Application](#) or the [OPSRP Pension Program and Individual Account Program \(IAP\) Retirement Application](#).

Important note: IAP accounts are subject to earnings or losses. Your IAP disbursement is based on the account balance at the time PERS processes the payment, not the date you select to retire.

Please go to the next page.

Individual Account Program (IAP) Retirement Application

General instructions

- We cannot process your IAP retirement distribution until all required information and final contributions have been received.
- It is important that you notify your PERS-participating employer(s) you are retiring.
- If you change your mailing address, please maintain a forwarding address with the postal service until you receive your IAP distribution.

Section A: Applicant information (required)

Fill in this section completely.

Enter your Social Security number (SSN). Providing your SSN is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It may also be used for confirmation purposes or recovery of overpaid funds.

Enter your PERS number. If you do not know your PERS number, leave the PERS number box (located directly under your SSN) blank.

If you do not have an email address or prefer not to be contacted through email, you can leave the field blank.

PERS must know your citizenship for tax purposes. Check the appropriate box indicating whether or not you are either a U.S. citizen. If you are not a U.S. citizen, fill out form [W-8BEN](#).

This application is for both member and alternate payee (AP) IAP retirements. If you are requesting distribution of your AP account, please include the member's name and Social Security number in the space provided. If you are a member and also an AP of another member, a separate application must be used to request distribution from each account. Mark the field under "Is this an alternate payee (AP) account?" accordingly.

Check the box provided if the address entered is only for your IAP distribution.

Section B: Retirement eligibility (required)

Enter your Tier One/Tier Two or OPSRP Pension Program retirement date.

Be aware that all distributions except those automatically deposited to your bank account and those rolled over to the Oregon Savings Growth Plan (OSGP)¹ will be mailed directly to the address listed in Section A of your application. In the case of a rollover, your financial institution will be the payee on the check.

¹Oregon Savings Growth Plan (OSGP) funds are automatically transferred from your ING IAP account into your OSGP account.

Section C: Distribution election (required)

You must choose one option in Section C to tell us which distribution you are selecting. If you choose C2, C3, or C4, you must also select one box for the distribution frequency.

If you choose C3 or C4, you must fill out the [W-4P Tax Withholding](#) form.

Please note that for C3 you must choose a 10-, 15-, or 20-year installment distribution and a monthly, quarterly, or annual frequency.

If the information is incomplete or unclear, we must return the application to you, which will delay your distribution.

C1: One-Time Rollover-Eligible Lump-Sum Distribution

This option is a one-time lump-sum distribution of your entire IAP account. A one-time lump-sum payment can either be paid directly to you or rolled over into an IRA, eligible employer plan, or deferred compensation plan.

It can also be split as a combination payment, including an amount rolled over and the remainder issued in a check directly to you. There are pre-distribution account balance minimums necessary to qualify for a combination split/roll distribution. The minimum pre-distribution account balance required for the rollover portion is \$500.

C2, C3, or C4: Installments

Sections C2, C3, and C4 indicate election of installment payments. You may choose to receive installment payments by direct deposit into your bank account or by check mailed directly to you.

In the case of 5-year installment payments, you may elect to have all or a portion of the payment rolled over. A combination split distribution includes an amount rolled over and the remainder in a check issued directly to you. There are pre-distribution account balance minimums necessary to qualify for a combination split/roll distribution. That minimum is \$500 per payment for the rollover portion.

If your pre-distribution account balance does not meet the minimum, your distribution option will default to the option that meets the \$200 per payment requirement. This new option and/or frequency cannot be changed. However at any time you may request a one-time lump-sum payout.

Once your distribution has begun, your payment will be equal to the current market value of your account divided by the number of payments left for the balance of the distribution. Because the market fluctuates daily, each distribution will be different based on the current market value of your account. For ALSO installments your payment amount remains fixed for 12-months and is only reset annually on the anniversary month. If your account reaches a zero balance, your distribution stops regardless of the number of payments left for the option chosen.

If you elect an installment option, you must designate a beneficiary by completing Section F: [IAP: Retirement Designation of Beneficiary](#) section of this form. If you have a complex beneficiary situation, you may want to consult an estate-planning attorney.

If you decide you no longer wish to receive an installment distribution, you can make a one-time decision to cash out your IAP account. Once the account is distributed in this fashion, it is not reversible and will close your PERS IAP account. As this is not a withdrawal, you will retain membership with PERS and, should you decide to return to qualifying employment, you will not need to serve a six-month waiting time.

If you decide to cash out and the distribution of your remaining the account balance is greater than \$200, the distribution is rollover eligible and will be taxed accordingly.

If you decide to cash out, are under the age of 59½, and are not rolling over these funds, the IRS may assess a 10 percent early withdrawal penalty.

If you have any questions regarding tax laws, you may want to consult with a qualified tax professional or the IRS.

Section D: IAP payment distribution

Complete this section to instruct PERS on whether or not to roll over any portion of your lump-sum distribution or 5-year installment distributions into a traditional IRA, Roth IRA, or eligible employer plan.

If you want your IAP installments directly to you, check the box preceding “Do not roll over.”

If you want to roll over part or all of your IAP installments to a traditional IRA or Roth IRA, check the box preceding “Send my installment(s) to an IRA,” then check a box to show whether you want it sent to a traditional IRA or a Roth IRA. Fill in the name of the custodian or trustee of your IRA on the line provided.

If you choose to send part or all of your installments to an eligible employer plan or to a deferred compensation plan, check the box preceding “Send my installment(s) to another eligible employer plan or deferred compensation plan.” Fill in the percentage or dollar amount of your payment that you want to roll over.

If you are rolling over funds to an eligible employer plan or deferred compensation plan, you must have an authorized representative of the plan complete the Direct Transfer Rollover Acceptance form.

Section E: Acknowledgement of Receipt of Federal Tax Information Disclosure (required) and federal tax 30-day waiver (optional)

The IRS requires PERS to notify you of the tax consequences of taking a withdrawal by providing the Federal Tax Information Disclosure.

You have 30 days to review your distribution options and the associated tax consequences. PERS will not process your withdrawal payment until the 30-day period has passed unless you check the box to waive your right to this 30-day period. If you check the waiver box, PERS will process your distribution as soon as possible.

If PERS is unable to process your distribution within 180 days from the date we receive your application, the IRS requires us to provide the [Federal Tax Information Disclosure](#) again, and you will need to complete a new [Acknowledgement of Receipt of Federal Tax Information Disclosure](#) form. We will contact you if this happens.

Section F: IAP beneficiary election (Select only one)

Check the appropriate box to let us know if you want to use the standard beneficiary designation or to name a specific beneficiary.

When you choose the standard designation, you do not name any specific person. Instead, your beneficiary selection follows the order described in law.

If you choose to name specific beneficiaries, you must list each beneficiary, your relationship to the beneficiary, the beneficiaries date of birth, Social Security number, and the percentage of your benefit you want to go to each person or entity you named. If you want to have multiple beneficiaries share equally and have rights of survivorship, write the word “and” between each beneficiary’s name. See Appendix C, [page 31](#) of the *Tier One/Tier Two and Individual Account Program (IAP) Pre-Retirement Guide*, for an example of “specific retiree designation of beneficiary.”

If you have more than 10 beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional paper.

Section G: Applicant signature (required)

You must sign and date the application. Unsigned forms will be returned for signature, which could cause a delay processing your benefits.

Name: _____ Social Security number: _____

Section D: IAP payment distribution

Complete this section if you chose a one-time, lump-sum distribution or a 5-year installment distribution in Section C. (Select only one).

- Do not rollover. Send installment(s) directly to me.
- Send my installment(s) to an IRA. My IRA is a traditional IRA Roth IRA.
 - Roll over _____ percent of my payment.
 - Roll over \$ _____ of my payment.

Send my installment to the custodian or trustee of my IRA. Custodian/trustee name:

- Send my installment(s) to another eligible employer plan or deferred compensation plan.
 - Roll over _____ percent of my payment.
 - Roll over \$ _____ of my payment.

Note: You must have an authorized representative of the plan complete the [Direct Transfer Rollover Acceptance form](#).

Section E: Acknowledgement of Receipt of Federal Tax Information Disclosure (required) and federal tax 30-day waiver (optional)

By signing below, I acknowledge that the information I have provided above is correct, and I have received and read the [Federal Tax Information Disclosure](#).

- I waive my right to the 30-day period for reviewing the Federal Tax Information Disclosure.

Section F: IAP beneficiary election (Select only one)

- I elect to use the standard beneficiary designation.
- I elect to use the specific designation of beneficiary. (You may designate more than one beneficiary and the percentage of the account distributed to each. The total percentage must equal 100 percent. Complete the table below.)

How many beneficiaries do you want to designate? _____

	Full name of beneficiary	Relationship	Date of birth	Social Security number	Percentage	
1					%	
2					%	
3					%	
4					%	
5					%	
6					%	
7					%	
8					%	
9					%	
10					%	
					Total	%

Section G: Applicant signature (required)

 _____ Date _____
 Applicant signature (do not print)

 Print name

*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It may also be used for confirmation purposes or recovery of overpaid funds.
 In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 888-320-7377, or TTY 503-603-7766.