



District of Columbia Retirement Board (DCRB)
Benefits Department

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www.dcrb.dc.gov

Application for Refund or Direct Rollover of Contributions
District of Columbia Police Officers and Firefighters' Retirement Plan

Pursuant to D.C. Code §§ 5-706(b)(2) and 5-717(b)(1), members who separate from service with less than five (5) years of eligible service shall receive a refund of their member contributions and members with five (5) or more years of eligible service who do not elect a deferred retirement benefit may receive a refund of member contributions. By receiving a refund of contributions, you forfeit all credited service with the District of Columbia Police Officers and Firefighters' Retirement Plan (the "Plan") and any rights to a pension. Your contributions include your mandatory Plan contributions and any purchase of service deposits. Contributions do not include employer contributions or any earnings.

Section I: Member/Applicant Information

Mr. Mrs. Miss Ms.

Applicant Name: First Middle Last

Member Name (If different than applicant): First Middle Last

Street Address: (Required- physical location of your home) Street City State Zip Code

Mailing Address: (If different than Street Address above) Street City State Zip Code

Social Security Number*: - - Date of Birth: - -

Phone Number: - - Email Address:

Did you purchase service time? Yes No

Time purchased:

IF DIVORCED: Are you a party to a Domestic Relations Order? Yes No

(If YES, please include a copy of your Domestic Relations Order with this application)

*In compliance with the Federal Privacy Act of 1974, the disclosure of a member's Social Security Number (SSN) on this form is mandatory pursuant to 26 U.S.C. § 3402. Your SSN will be used solely for tax reporting and as an identification number.

Section II: Notice to Member/Applicant

Please read the attached "Special Tax Notice Regarding Rollovers" before continuing. The District of Columbia Retirement Board (DCRB) does not provide tax advice or recommendations regarding which distribution option may be appropriate for you. Therefore, you should discuss your options with a professional tax advisor prior to requesting a distribution from the Plan.



To be eligible for a rollover, you must terminate your employment and be off the payroll of the District of Columbia Metropolitan Police Department (MPD) or District of Columbia Fire and Emergency Medical Services Department (FEMS) for at least thirty-one (31) days.

Processing will take approximately sixty (60) to ninety (90) days from the date of this application and when all required documents are received by DCRB. **By receiving a refund/rollover, you forfeit all service credit to the date of distribution, as well as any retirement benefits attributable to that service credit.**

To obtain a refund/rollover from the Plan, a copy of your **Personnel Action Form (separation form)** must accompany this application. Failure to submit this document will delay the processing of your refund/rollover request.

Plan contributions made by police officers are post-tax contributions. Contributions made by firefighters were post-tax prior to July 18, 1999, and are pre-tax on or after July 18, 1999. Generally, a refund of pre-tax contributions is taxable unless you elect a rollover. A refund of post-tax contributions is not taxable and may be rolled over into another eligible retirement plan if that plan accepts post-tax contributions.

PLEASE NOTE: Before requesting a rollover to another employer's plan, you should discuss the rollover with a representative of that plan to ensure the plan accepts rollovers and that it will accept a rollover from the District of Columbia Police Officers and Firefighters' Plan (a governmental defined benefit plan). Once you take a refund or execute a rollover from this Plan, you are no longer entitled to a benefit from the Plan unless you are reappointed to MPD or FEMS and make a deposit of your refunded amount or rollover distribution, plus any applicable interest, to restore your prior service. You should notify DCRB if you are reappointed and need to make a redeposit. You may also reestablish your right to a deferred retirement benefit if you redeposit your refunded amount or rollover distribution, plus any applicable interest, prior to age 55 (you do not have to be reappointed to do this).

Section III: Distribution Options

I have read the *Special Tax Notice Regarding Rollovers* document and elect the following: (select one)

I elect to have my Plan contributions mailed directly to me at the address listed above. I understand that a 20% federal income tax will be withheld by DCRB from the taxable portion of my distribution (provided the amount is greater than \$200). I may also be subject to an additional 10% early distribution income tax if my age is under 59 ½ at the time of refund and an exception does not apply. Additionally, if I am a District of Columbia resident, I am subject to mandatory tax withholding at the highest District tax rate on taxable funds that are eligible for a rollover but paid to me. After a refund check is issued, any adjustments to federal income tax paid as well as any applicable state income taxes are my responsibilities.

I elect a direct rollover of 100% of my Plan contributions an eligible Employer Plan or to an Individual Retirement Account (IRA) listed below. No federal income tax will be withheld.

Are you rolling over into a Roth IRA? Yes No

I elect a partial rollover of my Plan contributions to an eligible Employer Plan or to an Individual Retirement Account (IRA) listed below. I understand that a 20% federal income tax will be withheld by DCRB on the taxable portion of my distribution paid to me, and that I may be subject to an additional 10% early distribution income tax if my age is under 59 ½ at the time of refund and an exception does not apply. Additionally, if I am a District of Columbia resident, I am subject to mandatory tax withholding at the highest District tax rate on taxable funds that are eligible for a rollover but paid to me. After a refund check is issued, any adjustments to federal income tax paid as well as any applicable state income taxes are my responsibilities.

Portion to be rolled over: _____% or \$ _____ of taxable contributions** (Provide percentage or dollar amount)

Are you rolling over into a Roth IRA? Yes No

Financial Institution Information: (provide only when requesting a rollover)

Financial Institution: _____

Employer Plan/IRA Account Number: _____

Mailing Address: _____
Street City State Zip Code

****Please Note:** The amount you identify as a direct rollover will be made payable to your financial institution and sent to you for transmittal to that institution. If no election is indicated, DCRB will automatically include 100% of your taxable amount in your direct rollover and will make any after-tax monies payable to you.

IV: Member/Applicant Authorization

I elect to receive a distribution of Plan contributions as indicated above. I have read and understand the "Special Tax Notice Regarding Rollovers" and the other information provided above. I further understand that my election for this refund/direct rollover is an irrevocable decision once this signed document is received by the District of Columbia Retirement Board.

Member/Applicant Signature Date

Member/Applicant Printed Name

V: Notary Public Verification

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____.

Signature of Notary Commission Expires

(SEAL)

Return this form to the District of Columbia Retirement Board

Any intentionally false or willfully misleading statement or response provided in this application is a violation of law punishable by a fine of not more than \$10,000 or imprisonment of no more than five (5) years, or both. 18 USC § 1001.