

Member Account Withdrawal Application Packet

Important Information

There are several important factors to consider when deciding whether to withdraw your member account(s):

- Your Tier One, Tier Two, and/or IAP disbursement is based on the account balance at the time PERS processes the payment, not the date you select to withdraw.
- Tier Two and IAP accounts are credited with investment earnings and losses annually and are subject to loss exposure until your account(s) is distributed.
- Tier Two and IAP accounts have no guaranteed rate of return.

Withdrawal eligibility

You must be separated from all PERS employers, including substitute, temporary, and on-call positions, to apply for a withdrawal of your account. You must remain separated from all PERS employers for the full calendar month following the month you terminated employment with your last PERS employer. The calendar month must run from the first day of the month through the last day (example: If you terminate any day in February, you cannot return to work until April 1). PERS will not issue a withdrawal check until this separation period has elapsed. If PERS issues a withdrawal and later discovers the above criteria were not met, you must return the withdrawn amount(s) for redeposit into your Tier One/Tier Two and/or IAP account(s).

Please ensure that you have terminated employment with all PERS employers. If you are unsure of which employers you have worked for, please contact PERS Customer Service at 503-598-7377 or toll free 888-320-7377.

You can withdraw your account balance if you are not yet eligible for a service retirement.

Separate withdrawal eligibility rules and withdrawal applications apply to judge members and alternate payees (APs) with separate accounts (see the PERS website for the Judge Member's Handbook and AP eligibility information).

Contact Customer Service at 503-598-7377 or toll free at 888-320-7377 for the AP withdrawal application.

This packet contains:

- [Member Account Withdrawal Application form](#)
- Instructions for Member Account Withdrawal Application form
- [Withdrawal Direct Transfer Rollover Acceptance form](#)
- Instructions for Withdrawal Direct Transfer Rollover Acceptance form
- [IRS form W-9](#): Request for Taxpayer Identification Number and Certification
- [Federal Tax Information Disclosure](#)

If you want to withdraw your account(s), complete the following forms:

- Member Account Withdrawal Application form
- Withdrawal Direct Transfer Rollover Acceptance form (if applicable)
- IRS form W-9: Request for Taxpayer Identification Number and Certification

Return the forms to:

PERS
PO Box 23700
Tigard, OR 97281-3700
Fax: 503-598-0561

How to avoid common errors

1. Sign and date forms.
2. If your name has changed from the name PERS has on record, you must submit a copy of the legal document authorizing your name change (e.g., divorce decree, marriage license, etc.) and an [Information Change Request](#). This form is available on the PERS website. Write "Withdrawal pending" on the form, and submit it with your withdrawal application. Complete the application and all other forms using your new name as shown on your legal documentation.

Member Account Withdrawal Application Packet

Important: Read instructions before you complete and submit forms.

Things to consider

Most applications will be processed within 120 days from your effective withdrawal date, which is the first of the month following the receipt of your withdrawal application.

Information for Tier One/Tier Two members

By withdrawing your Tier One/Tier Two member account, you forfeit all membership rights in the Tier One/Tier Two program. Withdrawals do not include an employer match of dollars. You may restore membership rights if:

- you are reemployed in a PERS-qualifying position within five years from the date you separated from all PERS-covered employers, **and**
- you redeposit your withdrawal amount, plus interest, within one year of reemployment.

This will be your only opportunity to restore your Tier One or Tier Two membership rights.

Information for OPSRP Pension Program members

You must enter your date of birth in the area provided in Section A. You must also present documents to verify your age. You will find a list of acceptable verification of age documents after the application instructions.

You cannot withdraw from the OPSRP Pension Program unless you are vested in that program and the present value of your accrued benefit is \$5,000 or less. You become vested in the OPSRP Pension Program when you have made qualifying contributions in each of five calendar years or when you reach normal retirement age.

By withdrawing from the OPSRP Pension Program you forfeit all rights in that program. You cannot restore those rights.

Information for Individual Account Program (IAP) members

By withdrawing from the IAP you forfeit all rights in that program. You cannot restore those rights.

Which forms do I need?

You must complete and submit the Member Account Withdrawal Application.

If you are rolling over any portion of your withdrawal, you **must also** submit the Withdrawal Direct Transfer Rollover Acceptance form.

Complete and submit an Internal Revenue Service (IRS) Form W-9: Request for Taxpayer Identification Number and Certification.

General instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Do not cross out, modify, or alter the application in any way—this could void your application
- Deliver, fax (503-598-0561), or mail the Member Account Withdrawal Application and IRS Form W-9 to PERS. Include the Withdrawal Direct Transfer Rollover Acceptance form, if applicable.
- PERS cannot process the Withdrawal Direct Transfer Rollover Acceptance form until we receive the Member Account Withdrawal Application. We recommend submitting both documents together.
- If we do not receive complete and accurate forms within 180 days from the date we receive your application, we may cancel your application.

Note: Please notify PERS if your address changes after receiving your distribution. We will mail your IRS Form 1099-R (tax form) by January 31 to the address you indicate in Section A on the application (unless you change your address with the Information Change Request form).

Instructions for Member Account Withdrawal Application

Section A: Member information

Fill in the personal information block completely. If you do not know your PERS number, leave it blank.

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

You must enter your Social Security number (SSN) or Individual Tax Payer Identification Number (ITIN) even if you are a nonresident alien (see tax and residency explanation in Section E on page 3 of these instructions).

Section B: Account withdrawal selection

Check **All of my eligible PERS accounts** to apply for a withdrawal of all of your PERS member accounts. If you check this box, you will receive a withdrawal of all applicable accounts [this includes Tier One, Tier Two, IAP, OPSRP Pension Program, police and firefighter (P&F) unit account, and Loss of Membership (LOM) account].

Check **My P&F unit account** to withdraw **only** your P&F unit account. This withdrawal cancels your P&F unit account and prevents you from contributing to or participating in the P&F unit account in the future, even when employed in another P&F position.

Check **My Loss of Membership (LOM) account** to withdraw **only** your LOM account.

Note: To apply for a withdrawal of your alternate payee (AP) account, you will need to complete an Alternate Payee Account Withdrawal Application. Contact PERS Customer Service at 503-598-7377 or toll free at 888-320-7377 for the AP Withdrawal Application.

Section C: Withdrawal payment options

The withdrawal payment option you choose will apply to all accounts you withdraw.

Check **Cash Option** if you want PERS to pay you directly.

Check **Direct Transfer Rollover** if you want PERS to roll over all or any portion of your withdrawal amount.

- The rollover amount from all accounts must total at least \$200.
- If you checked this box, you **must** fill out the Withdrawal Direct Transfer Rollover Acceptance form.

If you are splitting the withdrawal amount between the cash option and the direct transfer rollover:

- Clearly indicate the percentage or dollar amount you want to roll over. We will mail the remaining balance to you after withholding 20 percent federal tax and, if appropriate, Oregon state tax from the taxable portion of your withdrawal.
- If you do not specify a percentage or dollar amount to be rolled over, PERS will roll over 100 percent of your withdrawal.

Section D: Tax and residency

(PERS must withhold 20 percent federal income tax from any taxable amount paid directly to you)

Please read the Federal Tax Information Disclosure included in this package.

Check **Do not withhold 8 percent Oregon state tax** if you do not want PERS to withhold 8 percent Oregon state tax. The 8 percent will be withheld unless you check this box.

If you want additional Oregon state tax withheld, enter the total additional dollar amount you want withheld in the space provided.

PERS is required by federal law to withhold 20 percent for federal tax from the taxable amount which is sent directly to the IRS. If you want more than the 20 percent federal tax withheld, enter the total additional dollar amount you want withheld in the space provided. If you are withdrawing multiple accounts and direct PERS to withhold an additional amount, that amount will be withheld from a single account.

Check **I am a U.S. citizen or resident alien** if you are a U.S. citizen or a resident alien and complete the enclosed IRS form W-9: Request for Taxpayer Identification Number and Certification.

Check **I am a non-resident alien** if you are a non-resident alien and complete [IRS Form W-8BEN](#): Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. This form is available in the Forms section of the PERS website.

Section E: Residency certification (required)

If you are a **Tier One member** (hired into a PERS-covered position before January 1, 1996), by law you must declare if your benefit payment(s) will be subject to Oregon state income tax based on your residency.

You must check one of the statements in Section E.

You must sign the form to declare your residency. If you fail to provide a signature in this section, this form will be returned for signature, which may cause a delay processing your benefits.

Section F: Member signature and federal tax 30-day waiver: Required

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 withdrawal 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 withdrawal as soon as possible.

You must sign and date the application. Deliver, fax, or mail the application to PERS. Keep a copy for your records.

If PERS is unable to process your withdrawal 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.

Instructions for Withdrawal Direct Transfer Rollover Acceptance

Use this form only if you select the Direct Transfer Rollover option in Section D on the Member Account Withdrawal Application.

PERS cannot process the Withdrawal Direct Transfer Rollover Acceptance form until we receive your Member Account Withdrawal Application.

Section A: Member information

Fill in the personal information block completely. If you do not know your PERS number, leave it blank.

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

COMPLETE SECTION B OR C, BUT NOT BOTH

Section B: IRA information

- Consult your financial institution if you need help completing this section.
- Provide the IRA account number if available. This is not your Social Security number. Your financial institution can provide this information.
- Indicate whether the IRA is a traditional IRA or a Roth IRA by checking the appropriate box.
- The financial institution name you enter will be the payee on the rollover check.
- Provide the complete mailing address for the financial institution.
- Provide the financial institution's phone number.

Tier One/Tier Two and OPSRP Pension Program rollover checks will be sent to your financial institution.

IAP account rollover checks will be sent to you directly for you to forward to your financial institution.

Section C: Eligible employer plan information (includes 457 deferred compensation plans)

Make sure your plan administrator or financial institution completes and signs this section.

As the plan administrator or financial institution, you will need to:

- Check the box acknowledging whether the plan will or will not accept and separately account for after-tax contributions.
- Sign and date as the authorized plan representative. We cannot process the rollover without a signature.
- Print your name and title.
- On the lines provided, tell us to whom the check should be made payable, the mailing address, and the phone number of the financial institution where the check should be mailed.

Section D: Authorization and signature

If you wish PERS to release information to your authorized representative, check the box and write in the authorized representative's name. Sign and date the form.

Verification of Age

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or are difficult to read. If your documents are not accepted, you will need to submit new photocopies. Please include your PERS ID or Social Security number* on all documents submitted, including beneficiary forms.

Group 1

If one item in this group is furnished showing birth dates, no further evidence of age is needed.

Any ONE of these:

- Copy of Oregon driver's license or ID card **if issued on or after February 4, 2008**
- Birth verification issued by state, county, or country (Documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official.)
- American Indian Reservation Age Verification
- Infant baptism certificate
- Hospital birth certificate (if signed by attending physician or issued by state)
- Passport (current or expired)
- School-age record
- Naturalization or citizenship papers
- Family Bible record (If this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom.)

Group 2

Two items in this group from different sources are sufficient if age or birth date is shown.

Any TWO of these:

Example: One child's birth certificate and one driver's license.

Any ONE of these:

- A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.)
- Certificate of military record
- Marriage record (Record must show your age or date of birth at time of marriage.)
- Copy of Oregon driver's license or ID card **if issued before February 4, 2008**, or any other state's license or ID card issued at any time
- County voter registration (Must show your age or date of birth; do not send in your precinct card.)
- Copy of child's birth certificate if it shows age of parents
- Social Security record (Record must be displayed on an estimate of benefits or screen print from the Social Security office. Document must be dated within last 12 months.)
- Military ID (military record DD214)
- Concealed weapons permit

- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member's Social Security number on all documents so they are properly recorded.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.

Reference: OAR 459-013-0040

FS 459-029 (2/14/2018)

Member Account Withdrawal Application

Section A: Member information (Type or print clearly in dark ink. Illegible forms may be returned to you. This could delay your request.)

First name	MI	Last name	Social Security number*
Mailing address (street or PO box)			PERS number (optional)
City	State	Zip	Country
Date of birth (mm-dd-yyyy)			
Day phone number		Evening phone number	Email (optional)

Section B: Account withdrawal selection

Which accounts do you want to withdraw?

- All of my eligible PERS accounts. Only my P&F unit account. Only my Loss of Membership (LOM) account.

Section C: Withdrawal payment options (the option you choose will apply to all accounts you withdraw)

- Cash Option** Please issue my withdrawal payment(s) directly to me.
 Direct Transfer Rollover** Rollover 100 percent or _____ percent or \$ _____ of my rollover-eligible withdrawal amount to my IRA or eligible employer plan.

****If you select this option, you must also fill out and submit the Withdrawal Direct Transfer Rollover Acceptance form.**

Section D: Tax and residency (PERS must withhold 20 percent federal income tax from any taxable amount paid directly to you)

- Do not withhold 8 percent Oregon state income tax (8 percent will be withheld if you do not check this box).

Do you want additional tax withheld?

Yes, withhold \$ _____ more than the 8 percent for Oregon state income tax.

Yes, withhold \$ _____ more than the mandatory 20 percent federal tax.

- I am a U.S. citizen or resident alien, and I have completed and included my IRS Form W-9.
 I am a non-resident alien, and I have completed and included my IRS Form W-8BEN.

Section E: Residency certification (required)

If you are a **Tier One member** (hired into a PERS-covered position before January 1, 1996), you must check one of the boxes below.

- I am a resident of the state of Oregon; therefore, payments made to me as a result of this application will not be exempt from Oregon personal income tax by reason of non-residency.
 I am not a resident of the state of Oregon; therefore, payments made to me as a result of this application will not be subject to Oregon personal income tax.

I hereby declare that the above statement is true to the best of my knowledge and belief, and I understand it is subject to penalty for perjury.

 _____
 Member signature (do not print) _____
 Date

Section F: Member signature and federal tax 30-day waiver: Required

By signing below, I acknowledge the following: The information I have provided above is correct, and I have received and read the Federal Tax Information Disclosure. I have terminated my employment with all PERS employers as of the date of this application. I understand I cannot return to work for a PERS-covered employer for the full calendar month following the month in which I left employment. The calendar month must run from the first day of the month through the last day (example: If I terminate any day in February, I cannot return to work until April 1). PERS will not issue my withdrawal check until I meet these criteria.

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

 _____
 Member signature (do not print) _____
 Date

