

11410 SW 68th Parkway, Tigard OR 97223 Mailing Address – PO Box 23700, Tigard OR 97281-3700 Toll free – 888-320-7377 Fax – 503-598-0561 Website – https://oregon.gov/pers



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## Acknowledgement of Receipt of Federal Tax Information Disclosure

Call PERS or visit our website if this is not the form you need.

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

First name		MI	Last name		Social Security number (SSN)*
Mailing address (street or PO box)					PERS ID (optional)
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number Work phone number		er	Cell phone number	Email (optional)	

You must complete and return this form regardless of the type of benefit payment you elected, including but not limited to Tier One/Tier Two, OPSRP Pension Program and IAP retirements, withdrawals, and beneficiary benefits.

## Section B: Receipt Acknowledgement

We have provided a copy of the Federal Tax Information Disclosure for rollover-eligible distributions. You must acknowledge you have received this disclosure information. You have 30 days from the date of your signature to review this information.

This notice will expire 180 days from the date of your signature. If processing the distribution requires additional time, PERS will send you a new acknowledgement form and disclosure.

PERS cannot process your distribution until after the first 30 days unless you voluntarily waive the 30-day period. If you check the box below to waive the 30-day notice period, PERS will process your distribution as soon as possible.

□ By checking this box, I waive my right to the 30-day notice period to review the Federal Tax Information Disclosure.

## Acknowledgement

By signing below, I acknowledge I have received the Federal Tax Information Disclosure. I understand this notice will expire 180 days from the date of my signature. If processing the distribution requires additional time, PERS will send me another Federal Tax Information Disclosure and acknowledgement form to sign.

Signature of applicant (do not print)

Date

Note: If the Federal Tax Information Disclosure does not accompany this form, you may obtain a copy by calling Members Services toll free at 888-320-7377 or on the PERS website at http://oregon.gov/pers.

\* Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll-free 888-320-7377 or TTY 503-603-7766.