



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 – <http://oregon.gov/pers>

## Alternate Payee (AP) Account Withdrawal Application Packet

**Please read all the enclosed instructions carefully.**

### Withdrawal eligibility

Your eligibility to withdraw your AP account balance is determined by the court order language, the date the court order was issued, and the status of the PERS member.

If you are unsure about your eligibility to make a withdrawal, please contact the PERS Divorce Unit at 503-431-8295 or toll free at 888-320-7377 and ask for extension 8295.

This packet contains the:

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

If you want to withdraw your AP account, you must complete the:

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

### Deliver, mail, or fax your application to:

PERS headquarters address	Mailing address	Fax number
11410 SW 68th Parkway	PO Box 23700	503-598-0561
Tigard, OR 97223	Tigard, OR 97281-3700	

### How to avoid common errors

1. Sign and date the application.
2. If your name has changed and could differ from the name PERS has on record, you must submit an Information Change Request form with a copy of the legal document authorizing the change (e.g., divorce decree, marriage license, etc.).

The [Information Change Request form](#) is available on the PERS website. Write “AP withdrawal pending” on the form, and submit it with your AP Account Withdrawal Application.

Complete the application and all other forms using the name shown on your legal documentation.

3. Keep a copy of all submitted forms for your records.

## Alternate Payee (AP) Account Withdrawal Application Packet

**Important: Read instructions before you complete and submit forms.**

### Things to consider

AP accounts cannot be paid until the Qualified Domestic Relations Order has been approved as administrable by PERS and your account has been established.

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 is distributed.

### Information for Tier One/Tier Two accounts

By withdrawing your Tier One/Tier Two AP account, you forfeit all AP rights in the Tier One/Tier Two program. You cannot restore these rights.

### Information for OPSRP Pension Program alternate payees

You cannot withdraw from the OPSRP Pension Program unless the associated member is vested in that program and the present value of the associated member's accrued benefit is \$5,000 or less. A member becomes vested in the OPSRP Pension Program after making qualifying contributions in each of five consecutive calendar years or when the member is working and reaches normal retirement age.

By withdrawing from the OPSRP Pension Program, you forfeit all rights in the OPSRP Pension Program. You cannot restore these rights.

### Information for Individual Account Program (IAP) alternate payees

By withdrawing from the IAP you forfeit all rights in the IAP. You cannot restore these rights.

### Which forms do I need?

Complete and submit the AP 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

- Make sure all sections of the form are completed.
- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Do not cross out, modify, or alter the application in any way—this could void your application.
- Sign and date the form in Sections E and F, and mail it to PERS at PO Box 23700, Tigard OR 97281-3700 or fax it to 503-598-0561. You can also deliver the form to the PERS office at 11410 SW 68th Parkway, Tigard, OR 97223.
- Include the Withdrawal Direct Transfer Rollover Acceptance form, if applicable.
- PERS cannot process the Withdrawal Direct Transfer Rollover Acceptance form until we receive the AP Account Withdrawal Application. We recommend submitting both documents together.

**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 provide in Section A on the application unless you change your address with the [Information Change Request form](#).

## Instructions for Alternate Payee (AP) Account Withdrawal Application

### Section A: Alternate payee (AP) information

Fill in the AP information section completely.

- Enter your name.
- Enter your mailing address.
- You must enter your SSN or Individual Tax Payer Identification Number (ITIN) even if you are a nonresident alien. (See tax and residency explanation in Section D).
- 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 might also be used for confirmation purposes or recovery of overpaid funds.
- If you do not know your PERS number, leave the space provided blank.
- Enter your date of birth in the area provided.
- We advise you to provide your phone number so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave this field blank.
- If you do not have an e-mail address or prefer not to be contacted through e-mail, leave that field blank.
- Provide the name of the PERS member for whom you are the AP.

### Section B: AP account withdrawal selection

Check the box in front of **All of my AP accounts** to apply for a withdrawal of all of your AP accounts. If this box is checked, you will receive a withdrawal of all applicable accounts (this includes Tier One, Tier Two, IAP, and OPSRP Pension Program).

### 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 an alternate payee of 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: AP 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.

If we are 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.



## Alternate Payee (AP) Account Withdrawal Application

### Section A: Alternate payee (AP) information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

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

Name of PERS member on whose account you are the alternate payee: \_\_\_\_\_

### Section B: AP account withdrawal selection

Which accounts do you want to withdraw?

- All of my AP accounts  
  Only my Tier One/Two AP account  
  Only Individual Account Plan AP account  
 Only OPSRP AP 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 an alternate payee of 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.



\_\_\_\_\_  
 Alternate payee signature (do not print)

\_\_\_\_\_  
 Date

### Section F: AP signature and federal tax 30-day waiver: required

By signing below, I acknowledge 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.



\_\_\_\_\_  
 Alternate payee signature (do not print)

\_\_\_\_\_  
 Date

\*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 toll free 888-320-7377 or TTY 503-603-7766.

## Instructions for Withdrawal Direct Transfer Rollover Acceptance form

Use this form only if you select the direct transfer rollover option in Section C on the AP Account Withdrawal Application.

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

### Section A: AP information

Fill in the AP information section completely.

- Enter your name.
- Enter your mailing address.
- You must enter your SSN or Individual Tax Payer Identification Number (ITIN) even if you are a nonresident alien. (See tax and residency explanation in Section C of the Instructions for AP Account Withdrawal Application).
- 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 might also be used for confirmation purposes or recovery of overpaid funds.
- If you do not know your PERS number, leave the space provided blank.
- Enter your date of birth in the area provided.
- We advise you to provide your phone numbers so we can reach you with information or questions about your form. If you prefer not to be contacted by phone, leave these field blank.
- If you do not have an e-mail address or prefer not to be contacted through e-mail, leave that field blank.

## WARNING: COMPLETE SECTION B OR C, BUT NOT BOTH

### Section B: IRA information

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

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

IAP account rollover checks will be sent directly to you 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.

The plan administrator 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 on the line provided for a signature. We cannot process the rollover without a signature.
- Print his/her name and title.
- On the lines provided, tell us to whom the check should be made payable, the account number, the mailing address, and the phone number of the financial institution where the check should be mailed.

### Section D: Authorization and signature

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

Sign and date the form.



## Withdrawal Direct Transfer Rollover Acceptance

**Section A: Alternate payee (AP) information** (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

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

**Complete either Section B or Section C, but not both.**

**Section B: IRA information**

Traditional IRA     Roth IRA    Account number (if available) \_\_\_\_\_

Payable to (name of financial institution) \_\_\_\_\_

Financial institution mailing address (street or PO box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

**Section C: Eligible employer plan information** (plan administrator or financial institution completes this section)

As an authorized representative, agent, custodian, trustee, or plan administrator of an eligible employer plan, I hereby accept the direct transfer rollover from the Oregon Public Employees Retirement System’s plan, an eligible employer retirement plan under Internal Revenue Code 401(a), as specified below.

**Choose one:** The plan  will  will not accept and separately account for after-tax dollars.

Authorized representative signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

Make rollover payable to \_\_\_\_\_

Client’s account number (if available) \_\_\_\_\_

Financial institution mailing address (street or PO box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_

**Section D: Authorization and signature**

I authorize PERS to release account information to \_\_\_\_\_  
(authorized representative’s name)

By signing below, I acknowledge the above information is correct.

\_\_\_\_\_ Date \_\_\_\_\_  
 Alternate payee signature (do not print)

Office use only		
<input type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input type="checkbox"/> IAP
<input type="checkbox"/> Member <input checked="" type="checkbox"/> Alternate payee <input type="checkbox"/> Cross reference member SSN		

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

\*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 toll free 888-320-7377 or TTY 503-603-7766.