

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM
PARTIAL ANNUITY WITHDRAWAL (PAW)**

NOTE: If you checked Item III.a)2. on the Retirement Application, this form must be completed and returned with the Retirement Application Packet.

Member's Social Security Number _____

Member's Name _____

Daytime Telephone Number _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

MEMBER PARTICIPATION ELECTION

I, _____, do hereby elect, if deemed eligible, to participate in the Partial Annuity Withdrawal (PAW). I understand that this election is irrevocable, unless APERS receives written notice from me prior to the effective date of benefits.

I elect to participate in the PAW for _____ months. I furthermore understand that my monthly retirement benefit will be reduced by an actuarially determined equivalent in accordance with rules and regulations adopted by APERS Board of Trustees.

I further understand that the PAW lump sum payment will not be processed until APERS has received final salary and service certification from my employer. Any adjustments that are due because of a change in the wages and/or service reported will be made to my adjusted monthly benefit amount. In addition, if my PAW lump sum is overstated, the amount of the overpayment must be returned before I receive the next monthly benefit payment.

Member Signature: _____ Date: _____

MEMBER DISTRIBUTION ELECTION

I, _____, do hereby acknowledge that I have read the enclosed tax notice and elect to receive my PAW account benefit as indicated below:

- Check One:**
- 1. Lump Sum Payable to Member (See Note below)
 - 2. Rollover Distribution to Recipient Listed On Attached Form
 - 3. Partial Lump Sum Payable to Member with Remainder Rolled Over to Recipient Listed on Attached Form

If #3 is selected, complete 3a and 3b, below:

\$ _____ 3a. Amount of Partial Lump Sum to Member (See Note below)

\$ _____ 3b. Amount To Be Rolled Over

Note: We are required by law to withhold 20% Federal Income Tax and 5% Arkansas State Tax from any amount paid directly to the member.

Member Signature

Date

RETURN TO:

Arkansas Public Employees Retirement System,

Attn: Retiree Services

124 W. Capitol Ave., Suite 400, Little Rock, AR 72201

Telephone: (501) 682-7800 or 1-800-682-7377 (outside Pulaski County)

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ROLLOVER DISTRIBUTION REQUEST
TRUSTEE TO TRUSTEE TRANSFER

To Be Completed by APERS Member

The Arkansas Pubic Employees Retirement System is directed to mail \$ _____ of my distribtion to _____ for deposit in accordance with rollover provisions.
(Name of Trustee)

Member Name (Typed or Printed) Date

Member Signature Social Security Number

To Be Completed by Trustee of Eligible Retirement Plan or IRA

Authorized Trustee Representative: Please provide the trustee information for the rollover payment. Then sign to verify that the plan accepts rollovers and that in accordance with the member's election above, as the trustee, you agree to deposit the forthcoming rollover in the account listed below.

1) Type of Account Traditional IRA Eligible Employer Plan Roth IRA

2) Name of Trustee: _____

3) Mailing Address: _____

4) City, State, Zip: _____

5) Telephone No: () () _____

Trustee Representative Signature: _____ Date: _____

If you have any questions, please call: APERS' Accounting Unit
(501) 682-7800 (In Pulaski County)
(800) 682-7377 (Outside Pulaski County)

RETURN TO:

Arkansas Public Employees Retirement System,
Attn: Accounting
124 W. Capitol Ave., Suite 400, Little Rock, AR 72201
Telephone: (501) 682-7800 or 1-800-682-7377 (outside Pulaski County)