

## DBS Distribution Election Change

RF 1506 (Rev. 01/2005)

Use this form to change the way you have previously indicated you wish to receive your Defined Benefit Supplement account balance.

Fill out the form in black ink and keep a copy for your records. If the information is not correct and legible, your check could be late or sent to the wrong address, or your application could be returned for correction. Do not erase or use white-out; erasures are unacceptable and will void your application. If you make a mistake, either use a new form or line through the error, make your correction and initial the correction.

### Section A: Member Information

Name (last) (first) (initial) Social Security Number

Mailing Address (number) (street) (apt. #)

(city) (state) (zip code)

( ) Telephone Number (daytime)

### Section B: Distribution Election Notice

My election distribution has changed.

### Section C: Distribution Choices

I have read the *Tax Considerations for Rollovers (MS 1357)* booklet that was included in the Distribution Confirmation letter and received the 30-day notification. The 30-day notification period has either been met, or I have waived the notification period and hereby apply for a DBS termination benefit.

1.  DBS Direct Payment to Member

I elect to have my DBS refund distribution mailed directly to me at the address listed above.

I understand that 20 percent federal income tax will be withheld from the taxable portion of this distribution and that 6 percent California state income tax will be withheld unless I specify NO state income tax is to be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES. No taxes will be withheld from "post-tax" contributions.

Federal Income Tax  YES

CA State Income Tax  YES  NO

**Rollover of DBS Benefit**

2.  DBS – Rollover of All or Part of Distribution

Rollover of DBS Pre-Tax Contributions and all Interest

I elect a direct trustee-to-trustee transfer of DBS pre-tax contributions and all interest to the qualified trust plan listed below. Any monies not designated for transfer will be mailed to me.

- TRADITIONAL IRA  ELIGIBLE EMPLOYER PLAN

Amount to Transfer \$ \_\_\_\_\_ **OR** Percentage to Transfer (Indicate 1-100 percent) \_\_\_\_\_ percent

<b>Financial Institution Information (to be filled out by Institution Representative):</b>	
Account Number	
Name of the Financial Institution	
Institution Mailing Address	
_____	_____ / ____ / ____ <b>Date (MM/DD/YYYY)</b>
<i>Signature of Institution Representative</i>	

I understand that federal and state income tax will not be withheld from the portion of the distribution that is transferred. I understand that the balance I receive directly is subject to 20 percent federal withholding and, unless I specify NO state income tax is to be withheld, 6 percent California state income tax will be withheld. However, if I reside outside California, California state income tax will not be withheld unless I specify YES.

- |  |   |
|--|---|
| <p><b>Direct Receipt By Member</b></p> <p>Federal Income Tax <input checked="" type="checkbox"/> YES</p> <p>CA State Income Tax <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p><b>Transferred to IRA or Eligible Employer Plan</b></p> <p>Federal Income Tax <input checked="" type="checkbox"/> NO</p> <p>CA State Income Tax <input checked="" type="checkbox"/> NO</p> |
|--|---|

Rollover of DBS Post-Tax Contributions

I elect a direct trustee-to-trustee transfer of DBS post-tax contributions to the qualified trust plan listed below. Any monies not designated for transfer will be mailed to me.

- TRADITIONAL IRA  ELIGIBLE EMPLOYER PLAN

Amount to Transfer \$ \_\_\_\_\_ **OR** Percentage to Transfer (Indicate 1-100 percent) \_\_\_\_\_ percent

<b>Financial Institution Information (to be filled out by Institution Representative):</b>	
Account Number	
Name of the Financial Institution	
Institution Mailing Address	
_____	_____ / ____ / ____ <b>Date (MM/DD/YYYY)</b>
<i>Signature of Institution Representative</i>	

I understand that federal and state income tax will not be withheld from any portion of the post-tax distribution.

**Section D Signatures**

If no spouse or registered domestic partner signature is below, please check the appropriate box:

- I am not married or registered as a domestic partner.
- I am married or a registered domestic partner, but my spouse or partner did not sign. I have completed the enclosed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER                      DATE (MM/DD/YYYY)

I certify under penalty of perjury under the laws of the state of California that the foregoing is true and correct.



\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
APPLICANT'S SIGNATURE    DATE (MM/DD/YYYY)

**Retain a copy for your records.**