



Introduction

Application for Withdrawal of Accumulated Total Deductions (Beneficiary)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11

Form Last Revised: June, 2021

The *Application for Distribution of Accumulated Total Deductions (Beneficiary)* allows an eligible beneficiary to receive a refund of the accumulated total deductions in the member's annuity savings (retirement) account. The accumulated deductions can be taken as a lump sum payment or as a rollover, which is described below.

Surviving Spouse Beneficiary

If you receive a payment from the Retirement System as the surviving spouse of a deceased member, you have the same rollover options that the member would have had, as described in the Special Tax Notice attached to this Application. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that the payments made to you before you are age 59½ will be subject to the 10% additional income tax on early distributions (unless an exception applies) and required minimum distributions from your IRA do not have to start until after you are age 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949).

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10% additional income tax on early distributions. However, if the member had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the member had not started taking required minimum distributions from the Retirement System, you will not have to start receiving required minimum distributions from the inherited IRA until the year the member would have been age 70½ (if the participant born before July 1, 1949) or age 72 (if the participant born after June 30, 1949).

Non-Spouse Beneficiary

If you receive a payment from the Retirement System because of the member's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. If you do not do a direct rollover to an inherited IRA, the Retirement System must withhold 20% of the payment for federal income tax. Payments from the inherited IRA will not be subject to the 10% additional income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

Qualified Domestic Relations Order

If you are the spouse or former spouse of the member who receives a payment from the Retirement System under a qualified domestic relations order (QDRO), you generally have the same options and the same tax treatment that the member would have (for example, you may rollover the payment to your own IRA or an eligible employer plan that will accept it). If you are an alternate payee other than the spouse or former spouse of the member and the member has died, you generally have the same options as a non-spouse surviving beneficiary, so that the only rollover option you have is to do a direct rollover to an inherited IRA. Payments under the QDRO will not be subject to the 10% additional income tax on early distributions if you are the spouse or former spouse, child, or dependent of the member.

Instructions

- Beneficiary must complete pages 2, 3, and 4. If more than one beneficiary, each must complete a separate form.
- Beneficiary and witness must sign page 5. Witness should be disinterested party.
- Submit fully completed form to the member's Retirement Board.

Application for Withdrawal of Accumulated Total Deductions (Beneficiary)

Pursuant to Massachusetts General Laws, Chapter 32, Section 11

Form Last Revised: June, 2021

Retirement Board: Please enter the member's retirement board information here.

Name of Retirement Board: Hampden County Regional Retirement Board

Address: 67 Hunt Street, Suite 116

City/Town: Agawam, MA

Zip Code: 01001

Telephone: (413) 737-1344

Fax: (413) 732-7999

Member Information:

Member's Last Name	Member's First Name	***_**_ _____ Social Security # (last four)
Street Address:		
City/Town:		State: Zip Code:

Beneficiary Information:

Beneficiary's Last Name or Entity Name	Beneficiary's First Name (if applicable)	_____ SSN/EIN# (last four numbers)
Street Address:		
City/Town:		State: Zip Code:
Email:		
Phone:		

Beneficiary Last/Entity Name:

First Name:

SSN/EIN: _____

Section A: Method of Payment

Statements Regarding Tax Consequences

I have initialed the statements below to indicate that I agree with them:

- I understand that my accumulated total deductions may have both a taxable and non-taxable component, due to changes in the law which took effect in 1988.
- I have read the Special Tax Notice Regarding Plan Payments provided to me by the Retirement Board.
- I understand that if I choose to directly receive the return of my accumulated total deductions, 20% of the taxable portion of such return will be withheld and paid to the Internal Revenue Service.
- If I choose to directly received the return of my accumulated total deductions and I am under age 59½, I may be subject to a further tax penalty.

Select one box for the "Taxable Portion" and, if it applies to you, one box for the "Non-Taxable Portion" on the next page.

TAXABLE PORTION

- 1. Direct Rollover.
- 2. Paid directly to me. 20% will be withheld for federal taxes and remitted to the Internal Revenue Service.
- 3. Partial Direct Rollover in the amount of _____ % of the balance or \$ _____
The remaining balance will be paid directly to me, less 20% federal tax withholding, which will be remitted to the Internal Revenue Service.

Account Information for Rollover:

Name of eligible 401(a) Plan, 401(k) Plan, 403(b) Plan, Governmental 457(b) Retirement Plan, IRA, Roth IRA, or SIMPLE IRA*

Address of above-listed entity	City	State	Zip Code
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Member's Account Number with above-listed entity

Member's Address	City	State	Zip Code
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Is this Account a SIMPLE IRA? Yes No

If YES, has has the account been established for at least two years? Yes No

* After a two-year waiting period, SIMPLE IRA accounts can receive rollover eligible funds from other types of retirement plans, including 401(a) governmental plans. The two-year period begins on the first day on which the employer deposits contributions in the SIMPLE IRA. **Note:** Non-spouse beneficiaries are only allowed to do a rollover to an IRA that has been properly established as an Inherited IRA.

Application for Withdrawal of Accumulated Total Deductions (Beneficiary)

Beneficiary Last/Entity Name:

First Name:

SSN/EIN: _____

Section A: Method of Payment *(Continued)*:

NON-TAXABLE PORTION

- 1. Direct Rollover.
- 2. Paid directly to me.
- 3. Partial Direct Rollover in the amount of _____ % of the balance or \$ _____

Account Information for Rollover:

Name of eligible 401(a) Plan, 401(k) Plan, 403(b) Plan, IRA, or Roth IRA*

Address of above-listed entity	City	State	Zip Code
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Beneficiary's Account Number with above-listed entity

Beneficiary's Address	City	State	Zip Code
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* A surviving spouse may roll over a payment that includes after-tax contributions to an eligible 401(a) or 403(b) plans, but only if the receiving plan separately accounts for after-tax contributions. Governmental section 457(b) plans and SIMPLE IRAs are not eligible. **Note:** Non-spouse beneficiaries are only allowed to do a rollover to an IRA that has been properly established as an Inherited IRA.

Application for Withdrawal of Accumulated Total Deductions (Beneficiary)

Beneficiary Last/Entity Name:

First Name:

SSN/EIN: _____

I sign this application under the penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

I request payment according to the method selected on pages 3-4.

Applicant's Signature:

Print Name:

Signature:

Date:

To Be Completed By Witness (should be disinterested party):

Name (Print):

Street Address:

City/Town:

Signature:

State:

Zip Code:

Date:

Application for Withdrawal of Accumulated Total Deductions (Beneficiary)

Beneficiary Last/Entity Name:

First Name:

SSN/EIN: _____

Section B: To Be Completed By the Retirement Board

Refund

Date of withdrawal:

Total in annuity savings account as of date of withdrawal: \$

Minus interest not eligible for refund: \$

TOTAL REFUND TO BE ISSUED:

Federal taxable portion \$

Federal non-taxable portion \$

AMOUNT REFUNDED *(Fill in those that apply)*

To Beneficiary \$

To Dept. Revenue/Child Support Enforcement Unit \$

To Designated Plan (IRA, 401(k), 401(a), 403(b), 457) \$

To Internal Revenue Service \$

To Pension Reserve Fund (Veterans Only) \$

Type of Plan:

Date of Retirement Board Vote Authorizing Refund:

Date Refund Issued:

Signature (Board Member or Administrator):

Print Name:

Date Signed: