

THE CITY OF BALTIMORE  
EMPLOYEES' AND ELECTED OFFICIALS'  
RETIREMENT SYSTEMS

**REFUND OF ACCUMULATED CONTRIBUTIONS ELECTION FORM  
(\$1,000 OR LESS)**

TO THE EMPLOYEES' RETIREMENT SYSTEM BOARD OF TRUSTEES:

I have read and understand the enclosed notice titled "Your Rollover Options." **I SPECIFICALLY UNDERSTAND THAT, IF THIS COMPLETED FORM IS NOT RECEIVED BY THE EMPLOYEES' RETIREMENT SYSTEM WITHIN 30 DAYS, MY ENTIRE DISTRIBUTION WILL BE PAID TO ME, LESS APPLICABLE WITHHOLDING FOR FEDERAL AND STATE INCOME TAXES (AS EXPLAINED UNDER THE FIRST CHOICE BELOW).** I hereby elect to receive my distribution in the following manner:

**CHOOSE ONLY ONE -- INDICATE YOUR ELECTION BY MARKING AN "X" ON THE APPROPRIATE LINE.**

\_\_\_\_\_ I ELECT TO HAVE MY ENTIRE DISTRIBUTION PAID TO ME. If you have the distribution paid to you, the distribution is subject to mandatory 20% federal income tax withholding and applicable state income tax withholding. (State withholding for Maryland residents is 7.75%.) The distribution is taxable in the year you receive it unless, within 60 days, you roll it over to an individual retirement account ("IRA") or another employer retirement plan that accepts rollovers.

\_\_\_\_\_ I ELECT TO ROLL OVER ALL OR A PART OF MY DISTRIBUTION. You can choose a direct rollover of all or part of your distribution to an individual retirement account ("IRA") or another employer retirement plan that accepts rollovers. Indicate on Line 2 the amount that you want to roll over. On Line 3, print the name of the financial institution where the IRA will be established or the name of the employer retirement plan. The check will be made payable to the financial institution or employer plan on your behalf and you will be responsible for depositing the check with the financial institution or employer plan. If you elect to roll over only part of your taxable distribution, the portion that is paid to you is subject to mandatory 20% federal income tax withholding and applicable state income tax withholding. (State withholding for Maryland residents is 7.75%.)

1. AMOUNT OF DISTRIBUTION: \_\_\_\_\_

2. AMOUNT THAT I WANT TO ROLL OVER: \_\_\_\_\_

3. NAME OF FINANCIAL INSTITUTION OR EMPLOYER PLAN: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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**COMPLETE THE FOLLOWING SECTION AND THEN HAVE THE FORM NOTARIZED BELOW**

NAME (print): \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

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State/Commonwealth of \_\_\_\_\_

County/City of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

**FOR ERS USE ONLY**  
PENSION # \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_

Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public [SEAL]