



APPLICATION FOR REFUND

AFR

To be completed by a Participant who is eligible to receive a distribution.
All boxes *must* be completed in its entirety.

I. Participant Information

Participant Name (First Middle Last)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Social Security Number
Home Address (Street Address Apt. #)	<input type="text"/>	Date of Birth: (month/day/year)	<input type="text"/>	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male					
(City State Zip code)	<input type="text"/>	(area code) Home Telephone Number	<input type="text"/>	(area code) Work Telephone Number					
Last Day of Employment: (month/day/year)	<input type="text"/>	E-mail:	<input type="text"/>						

II. Marital Status Information

The **Retirement Equity Act (REA) of 1984** requires participants applying for a refund to provide information about marital status. *To be completed by participant.*

Not Married – Check here if single, widowed, or divorced.

Married – I certify that the name of my spouse is _____
I understand that my spouse's waiver is required and that my Application for Refund cannot be processed without this waiver (see Section VII).

III. Election for Refund

I elect at this time to waive the monthly retirement annuity benefit, which would be based upon my total account and to apply for a refund as specified below.

I understand that my election for a refund will reduce or close my total account balance and will accordingly reduce or cancel the monthly retirement annuity benefit to which I am entitled.

I elect to apply for a refund as follows: *Please check the appropriate box. Please refer to your distribution letter for details.*

- 100% of Total Account Value:** This choice includes **ALL** Association Contributions, Fund Match, Optional Employee After-Tax Contributions and applicable Interest in your account. This election will close your account with the Retirement Fund.
- 50% of Total Account Value:** This choice includes **50%** of Association Contributions, Fund Match, **100%** of Optional Employee After-Tax Contributions and applicable Interest in your account as of the date of withdrawal. The remaining balance will continue to accumulate interest.
- Optional Employee Account Only:** This choice includes **ALL** Optional Employee After-Tax Contributions and Interest Credits. The remaining balance will continue to accumulate interest.
Note: A portion of your Optional Employee After-Tax Contributions and Interest Credits is taxable as earned income.

Revised: 04/2018

IV. Check Destination

Anyone applying for a refund must make one selection below after reading the enclosed Special Tax Notice.

Rollover To My IRA

- Amount: 100% of total account value ***including*** non-taxable amount (if any)
 100% of total account value ***excluding*** non-taxable amount (if any, sent directly to Participant)
 \$ _____ (Must be over \$200 and less than or equal to the taxable amount)

Account Number: _____

Make Check Payable To: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Rollover To Another Employer's Qualified Retirement Plan

It is your obligation to insure that the Employer Plan named will accept the transfer of your benefit payment.

- Amount: 100% of total account value ***including*** non-taxable amount (if any)
 100% of total account value ***excluding*** non-taxable amount (if any, sent directly to Participant)
 \$ _____ (Must be over \$200 and less than or equal to the taxable amount)

Account Number: _____

Make Check Payable To: _____

Name of Employer: _____

Check Mailing Address: _____

Signature of Plan Officer: _____ Date: _____

- Direct Payment To Participant** I choose to have my benefits paid directly to me. I understand that a mandatory **20% federal income tax** will be withheld from the taxable portion of this payment. I further understand that if I reside in the state of **Connecticut** a mandatory **6.99% state income tax** will also be withheld from the taxable portion of this payment. Even further, I understand that if I am under age 55 *at the time of termination*, the taxable portion of the refund may also be subject to a **10% penalty tax**.

V. Waiver of 30 Day Waiting Period

As a participant in the plan, I hereby acknowledge that I have been informed that:

- (1) I am entitled to a distribution of my vested interest credits in the plan.
- (2) I have 30 days from the date of this notice to decide how I wish to have my vested interest paid and have 30 days to notify the Plan Administrator of my decision.
- (3) No payment will be made until the end of the 30 day waiting period unless I waive the 30 day waiting period.
- (4) No payment will be made unless all contributions due my account and a valid Change in Status Notice (CSN) documenting my termination have been received.

If you wish to waive the 30-day waiting period, please initial the line below:

_____ I hereby waive the 30 day waiting period to begin to have my vested interest paid to me.

VI. Signature of Participant

I understand that I am entitled to receive a retirement benefit based upon the value of my account. I understand the options available to me will depend upon the value of my account at the time I request payment. I understand that my election is irrevocable and cannot be changed, withdrawn or cancelled once processed.

If I die before my retirement benefit becomes payable, there will be a Pre-Retirement Death Benefit payable to my designated beneficiary on file at the Fund. If you need to change your beneficiary on file, please request a Designation of Beneficiary (B1) form from the Fund.

The information provided above is accurate as of the date of my signature and it reflects my wishes with respect to any death benefit payable if I die while a Participant of the Fund but before any retirement benefits become effective.

▶ **Participant Signature** _____ Date _____
(Participant Signature must be witnessed by Notary Public)

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of _____
on this _____ day of _____, 20 ____ personally appeared before me the said
_____ Participants Name
to be known to be the individual described in and who executed the foregoing instrument, who duly acknowledged to me that she or he executed the same, and being duly sworn by me, made oath that the statements therein contained are true to the best of her or his knowledge and belief.

NOTARY PUBLIC _____
Sign and Certify with Stamp or Seal

VII. Spousal Waiver

_____ Spouse's Name (First Middle Last)			_____-_____-_____ Social Security Number		
_____ Address (Street Address Apt. #)			Date of Birth: _____ (month/day/year)		
_____ (City	_____ State	_____ Zip)	_____ (area code) Home Telephone Number	_____ (area code) Work Telephone Number	

I understand that my spouse is a Participant in the YWCA Retirement Fund and that I am entitled to be my spouse's "survivor beneficiary" for benefits payable under the fund.

I understand that if a refund is granted to my spouse, as set forth in the Application for Refund, my spouse's retirement benefit would be reduced or eliminated and any survivor benefit to which I am entitled would be reduced or eliminated accordingly.

I hereby elect to waive my right to any survivor benefit, which would have been based on the refunded portion of my spouse's account.

I agree that my spouse may elect to receive a Refund as set forth in the Application for Refund which has been completed.

▶ **Spouse Signature** _____ Date _____
(Spouse's Signature must be witnessed by Notary Public)

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of _____
On this _____ day of _____, 20 ____ personally appeared before me the said
_____ Spouses Name
to be known to be the individual described in and who executed the foregoing instrument, who duly acknowledged to me that she or he executed the same, and being duly sworn by me, made oath that the statements therein contained are true to the best of her or his knowledge and belief.

NOTARY PUBLIC _____
Sign and Certify with Stamp or Seal