

IMPERIAL COUNTY EMPLOYEE'S RETIREMENT SYSTEM

1221 W. State Street, El Centro, CA 92243
(760) 336 - 3132

APPLICATION FOR RETIREMENT DEATH BENEFIT PAYMENT

Printed Name SS# Telephone #
Mailing Address City State Zip Code Birth date

On the ___ day of ___, 20___, ___ who was receiving a Retirement Pension from the Imperial County Employee's Retirement System (ICERS), died.

As the designated/entitled beneficiary I hereby request the following action be taken in regards to my death benefit:

[] A. I request that the death benefit be paid directly to me. I understand that 20% of the death benefit amount will be withheld by the plan for federal income taxes and applicable State Income taxes. I further understand that if the death benefit is not rolled into an IRA or another employer's qualified plan within 60 days, I may be liable for a 10% federal premature distribution tax penalty (and applicable state tax penalties) in addition to ordinary income taxes. Rollover must be from ICERS directly to a qualified institution to avoid tax withholding.

If document is not witnessed by retirement staff it must be notarized.

Signature Date
Witness Signature Date

[] B. A direct rollover for the death benefit may be made for the Member/Retiree, for the Member's/Retiree's surviving spouse, or for the spouse or former spouse who is an alternate payee under a qualified domestic relations order (QDRO). However, a direct rollover for a surviving spouse may be made only to an IRA.

OR
Name of Institution Legal Name of Employer's Qualified Plan
Address of Institution Address of Plan
IRA Number Plan Number Employer's I.D. Number

Please check with the IRA institution or your new employer's qualified plan for this information. The ICERS will not check to see if this information is correct. It is your responsibility to provide accurate information.

AGREEMENT OF DEPOSITORY TRUSTEE

In accordance with the above authorization of the depositor, we agree to accept the rollover amount from the Imperial County Employees' Retirement System.

Name of Trustee Type of Account/Account Number
Mailing Address Authorized Signature and Title
City State Zip Date
Signature Date

Witness Signature Date