

REQUEST FOR DROP DISTRIBUTION AND ROLLOVER ELECTION

Check One:

- ERS
- TRS

Retirement Systems of Alabama
 P. O. Box 302150 ♦ Montgomery, AL 36130-2150
 334-517-7000 or 877-517-0020
 www.rsa-al.gov

Please type or print using black ink.

PART I MEMBER INFORMATION

Name: _____ Social Security No.: _____ - _____ - _____
First Middle Last

Address: _____ Home Phone Number: (____) _____
Street Address or P. O. Box

City State Country Zip

PART II DISTRIBUTION OPTION (Please read the enclosed special tax notice before completing the remainder of this form.)

Select only one of the following:

- Lump Sum Payment:** I elect to receive (at the above address) full distribution of my DROP account, less the 20% Federal Income Tax withholding required. Sign and have your signature notarized. Submit the form to the RSA at the address above. **Do not complete Part III.**
- I elect to have the **entire DROP account balance rolled over** into an eligible retirement account listed under Part III.
- I elect to have _____% of the taxable funds rolled over to an eligible retirement account listed under Part III. The remaining taxable funds will be paid to me less the required 20% Federal Income Tax Withholding. Any non-taxable funds will be paid directly to me with no federal withholding.

List the eligible retirement plan you have elected to have your funds rolled into:

RSA-1 or Other: _____

Note: If you have all or a portion of your DROP account rolled over into an eligible retirement account, you must sign and have your signature notarized before sending this form to your Trustee to complete Part III.

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Plan Payments prior to signing this certification and waive the requirement of 30 days notice by checking one of the boxes above and affirmatively elect to make or not make a rollover.

Signature of Member _____ Date _____

STATE OF _____, COUNTY OF _____

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for refund, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the _____ day of _____, 20____.

Signature of Notary Public _____

(Seal)

My Commission Expires _____

PART III TRUSTEE INFORMATION is on the reverse side of this form.

**DEFERRED RETIREMENT OPTION PLAN (DROP)
PARTICIPATION PERIOD COMPLETED
REQUEST FOR DROP TERMINATION**

Teachers' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Name: _____ **Social Security No.:** _____
 First Middle Last - - -

Employing School System or Agency: _____

Requested Effective Date of DROP Termination: _____ **Date of Birth:** ____/____/____
(must be last day of month)

Please complete the Withholding Certificate for Pension or Annuity Payments section, the PEEHIP Insurance Authorization, the Direct Deposit Authorization, and have your employer complete the Employer Certification section of this form.

I. Withholding Certificate for Pension or Annuity Payments (Monthly TRS Benefit Payments)
Complete the following applicable lines:

- I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2 or 3.).....>
- I want my withholding from each **periodic** pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an amount on line 3.).....> _____
 Marital Status: Single Married Married, but withhold at higher Single rate (Enter number of allowances)

- I want the following additional amount withheld from each pension or annuity payment.
Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.....> \$ _____

II. Signature of Applicant: _____

Notarization: State of Alabama, County of _____. On this _____ day of _____, 20____, personally appeared before me, the above-named _____ and made oath that the statements made are true.

Signature of Notary Public _____

(Seal) My Commission Expires _____

III. Employer Certification

- Date on which service of applicant will terminate _____
- Closing date of last payroll of applicant _____
- Accrued Sick Leave Certification: Sick leave may only be certified if the employee will **not** be paid for any sick leave.
Total accrued unused sick leave days at termination of employment _____
- Current salary for full year _____
- Days worked prior to termination _____
- Days in current contract period _____
- Signature of Authorized Official _____
Date _____
Employing Institution _____
Employer Phone (____) _____

Please project and certify amount of deductions for the final 7 months on payroll.

Jul _____	Jan _____
Aug _____	Feb _____
Sep _____	Mar _____
Oct _____	Apr _____
Nov _____	May _____
Dec _____	Jun _____

Please complete the Insurance Authorization on the reverse side of this form.

INSURANCE AUTHORIZATION FORM

PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PROGRAM (PEEHIP)

PART I MEMBERS CURRENTLY ENROLLED

Members currently enrolled in **Hospital/Medical** coverage with **PEEHIP** check the box which applies:

- I wish to continue my Hospital/Medical coverage with PEEHIP.*
 I do not wish to continue my Hospital/Medical coverage with PEEHIP
Marital Status: Single Married Divorced Widowed

Signature of Retiree _____ Date _____

PART II MEMBER COMBINING ALLOCATIONS WITH SPOUSE

Members combining allocations with spouse check all that apply:

- I am presently transferring allocation to retired spouse contract number _____ and wish to continue in that manner.
 I am presently receiving allocation from my active spouse and wish to continue in that manner.
 I am presently transferring allocation to active spouse contract number _____ and understand that I must enroll in the Hospital Medical Plan in my name and receive my active spouse's allocation.**

**PEEHIP policies require the retiree to enroll in insurance in his/her name if combining allocation with active spouse. Enrollment application will be sent to retiree to enroll.

Spouse retiree date (if applicable) _____

EMPLOYER CERTIFICATION (to be completed by payroll/insurance official)

The final payroll deduction of \$ _____, will be deducted for _____ Month coverage.

This employee is a _____ month employee.
9,10,11,12

Signature of Authorized Official _____ Date _____

PART III OPTIONAL COVERAGE

Persons with **only** the Optional coverages (Dental, Cancer, Indemnity, and Vision) may continue all four coverages or drop two optionals at date of retirement. The retired state allocation will pay the premium for **two** of the optionals without a payroll deduction for those retired members enrolled in only the optional coverages. If you are not currently enrolled in optional coverage, you can only enroll during the open enrollment period. *

If you are enrolled in the Optional coverages **only**, please indicate which coverages you wish to **keep** on your date of retirement. If you wish to keep all four optionals, mark "all."

- Cancer Indemnity Dental Vision All

Signature of Retiree _____ Date _____

PART IV NON-PARTICIPATING SYSTEM

Persons whose public education employer does not participate in PEEHIP Hospital/Medical will be provided with information and an enrollment form about PEEHIP. If you wish to enroll, complete an enrollment form and submit it with the payment for the first month's premium no later than your effective date of retirement. If you **are not** enrolled in your employer's Hospital/Medical coverage, you and your dependents will be required to serve a 270-day waiting period on all pre-existing conditions with PEEHIP.

PART V VESTED MEMBERS NOT CURRENTLY ENROLLED

If you are **not** currently employed in public education in Alabama, you are eligible to enroll in the Hospital/Medical insurance through PEEHIP on your date of retirement. You and your dependents will be required to serve a 270-day waiting period on all pre-existing conditions unless proof of previous coverage is received and approved. Please indicate your intentions below and an enrollment form will be provided to be completed and returned no later than your date of retirement with the payment for the first month's premium.

- I wish to enroll in the Hospital/Medical coverage with PEEHIP effective the date of my retirement.
 I do not wish to enroll in the Hospital/Medical coverage with PEEHIP.

Signature of Retiree _____ Date _____

* To members enrolled in both the PEEHIP Hospital/Medical coverage and one or more optional coverages: A member cannot drop optional coverages (Dental, Cancer, Indemnity, Vision) until the open enrollment period. Hospital/Medical coverage will be dropped the first day of the month following receipt of notification. Optional coverages can only be added during the open enrollment period.

Direct Deposit Authorization

Retirement Systems of Alabama

P.O. Box 302150
Montgomery, Alabama 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

The retiree or beneficiary of a deceased retiree must complete the front page of this form. Then take or mail the form to your financial institution so they may verify the information on the front, **complete the information on the reverse side**, and agree to the Master Agreement.

Benefit Recipient Information

Social Security Number _____

Benefit Recipient (Please check one):

- Retiree
- Beneficiary of Deceased Retiree/Member

Name _____

Address _____

Daytime Phone No. _____

Indicate the system(s) from which you would like your benefit(s) direct deposited.

- Teachers' Retirement System
- Employees' Retirement System
- PEIRAF
- Judicial Retirement Fund
- RSA-1

Joint Account Holder's Certification:

I agree to notify the Retirement Systems of Alabama (RSA) immediately of the death of the recipient of the retirement benefits being deposited to this joint account, and to return all payments to the RSA that are deposited to this account after said death. The RSA will determine and pay any survivor benefits. The RSA is authorized to make necessary debit entries to this joint account for any credits that were made in error.

Name(s) of Joint Account Holder(s)

Signature(s) of Joint Account Holder(s)

Date

Benefit Recipient Certification:

Each benefit payment is to be credited to my account at the financial institution specified on the reverse side of this form and such payment will be in full payment, satisfaction, and discharge of the amount then falling due and payable to me on account of such payments.

If my death occurs prior to the due date of any payment made by the RSA in compliance with this request or if adjustments are required for any credit entries to my account, I authorize the RSA to make the necessary debit entries to my account. I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within 30 days of receipt of written notice by the RSA.

I authorize my payment to be sent to the financial institution named on the reverse side of this form to be deposited to the designated account.

Signature of Benefit Recipient _____ Date _____

Financial Institution Information (to be completed by a representative of the financial institution)

Name of Benefit Recipient _____ Soc. Sec. No. _____

Depositor Account No. _____ Bank Routing No. _____

Name of Financial Institution _____ Type of Account: Checking
 Savings

Mailing Address _____

Name(s) of Person(s) on this Account: _____

Financial Institution Certification and MASTER AGREEMENT:

Both the Retirement Systems of Alabama (RSA), as Originator, and the above named Financial Institution identified on this side of the form consider the following to be the **MASTER AGREEMENT** pursuant to the provisions of Section 4.8.5 of the 2006 Operating Rules of the National Automated Clearing House Association and agree that it is to be applicable to all payments sent by the RSA to the Financial Institution for the benefit of all benefit recipients having accounts at the Financial Institution.

In consideration of the RSA making payments in accordance with the foregoing request without requiring proof that the retiree/beneficiary identified on this form is alive on the date which such payments become due and are credited to his or her account, the Financial Institution hereby agrees to repay and refund to the RSA on demand, the amount of any payments made to and received by the Financial Institution, the due date of which occurred after the date of death of the benefit recipient. The Financial Institution further agrees to accept the certification of the RSA as to the date of death of such payee as sufficient evidence.

I confirm the identity of the named retiree/beneficiary, account number and type. As representative of the above named Financial Institution, I certify that the Financial Institution agrees to receive and deposit identified payment in accordance with the **MASTER AGREEMENT** and agree that pursuant to Section 4.8.5 of the 2006 Operating Rules of the National Automated Clearing House Association the **MASTER AGREEMENT** is applicable to all payments sent by the RSA to the Financial Institution for benefit of the retiree/beneficiary.

Name of Representative _____

Signature of Representative _____ Date _____

Telephone Number _____

<p>Note: Direct Deposit Authorization forms that are processed after the 18th of each month will become effective the following month.</p>

Please return completed form to:

The Retirement Systems of Alabama
P.O. Box 302150
Montgomery, Alabama 36130-2150

**SPECIAL TAX NOTICE
REGARDING PLAN PAYMENTS**

**RETIREMENT SYSTEMS
OF ALABAMA**

*Retirement Systems of Alabama
P. O. Box 302150
Montgomery, Alabama 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov*

SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

RETIREMENT SYSTEMS OF ALABAMA

This notice explains how to continue deferring federal income tax on your retirement savings in the Retirement Systems of Alabama (RSA) and contains important information you will need before you decide how to receive your RSA benefits.

This notice is provided to you by the RSA because all or part of the payment that you will soon receive from the RSA may be eligible for rollover by you or the RSA to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the RSA of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a Roth IRA, a Simple IRA, or a Coverdell Education Savings Account (formerly known as an education IRA). An eligible *employer plan* includes a plan qualified under Section 401(a) of the Internal Revenue Code, including a 401(k) Plan, Profit-sharing Plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) Annuity Plan; a Section 403(b) Tax-sheltered Annuity; and an eligible Section 457(b) Plan maintained by a governmental employer (governmental 457 Plan).

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if a plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distributions includes after-tax amounts, you may wish instead to roll your distribution over to a traditional IRA or to split your rollover amount between the employer plan in which you will participate and a traditional IRA. If an employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from the RSA. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

If you have additional questions after reading this notice, you can contact the RSA at 334-517-7000 or 877-517-0020.

SUMMARY

There are two ways you may be able to receive a plan payment that is eligible for rollover:

- (1) *DIRECT ROLLOVER*: Certain payments can be made directly to a traditional IRA that you establish or to an eligible employer plan that will accept it and hold it for your benefit, or
- (2) The payment can be *PAID TO YOU*.

If you choose a *DIRECT ROLLOVER*:

- Your payment will not be taxed in the current year, and no income tax will be withheld.
- You choose whether your payment will be made directly to your traditional IRA or to an eligible employer plan that accepts your rollover. Your payment cannot be rolled over to a Roth IRA, a SIMPLE IRA or a Coverdell Education Savings Account because these are not traditional IRAs.
- Your payment will be taxed later when you take it out of the traditional IRA or the eligible employer plan. Depending on the type of plan, the later distribution may be subject to different tax treatment than it would be if you received a taxable distribution from this plan.

If you choose to have a Plan payment that is eligible for rollover *PAID TO YOU*:

- You will receive only 80% of the taxable amount of the payment, because the RSA is required to withhold 20% of that amount and send it to the IRS as income tax withholding to be credited against your taxes.
- The taxable amount of your payment will be taxed in the current year unless you roll it over. Under limited circumstances, you may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59½, you may have to pay an additional 10%.
- You can roll over all or part of the payment by paying it to your traditional IRA or to an eligible employer plan that accepts your rollover within 60 days after you receive the payment. The amount rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

- If you want to roll over 100% of the payment to a traditional IRA or an eligible employer plan, you must find other money to replace the 20% of the taxable portion that was withheld. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

YOUR RIGHT TO WAIVE THE 30-DAY NOTICE PERIOD: Generally, neither a direct rollover nor a payment can be made from the RSA until at least 30 days after your receipt of this notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your withdrawal directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the notice period by making an affirmative election indicating whether or not you wish to make a direct rollover. Your withdrawal will then be processed in accordance with your election as soon as practical after it is received by the RSA.

MORE INFORMATION

I.	Payments That Can and Cannot Be Rolled Over	[page
		2]
II.	Direct Rollover	[page
		2]
III.	Payment Paid To You	[page
		3]
IV.	Surviving Spouses and Other Beneficiaries	[page
		4]

I.

PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER

Payments from the RSA may be *eligible rollover distributions*. This means that they can be rolled over to a traditional IRA or to an eligible employer plan that accepts rollovers. Payments from the RSA cannot be rolled over to a Roth IRA, a Simple IRA or a Coverdell Education Savings Account. Your Plan Administrator should be able to tell you whether your payment is an eligible rollover distribution.

AFTER-TAX CONTRIBUTIONS: If you made after-tax contributions to the RSA, these contributions may be rolled into either a traditional IRA or to certain employer plans that accept rollovers of the after-tax contributions.

The following rules apply:

a) Rollover into a Traditional IRA. You can roll over your after-tax contributions to a traditional IRA either directly or indirectly. The RSA should be able to tell how much of your payment is the taxable portion and how much is the after-tax portion. If you roll over after-tax contributions to a traditional IRA, it is your responsibility to keep track of, and report to the Service on the applicable forms, the amount of these after-tax contributions. This will enable the nontaxable amount of any future distributions from the traditional IRA to be determined. Once you roll over your after-tax contributions to a traditional IRA, those amounts cannot later be rolled over to an employer plan.

b) Rollover into an Employer Plan. You can roll over after-tax contributions from an employer plan that is qualified under Code section 401(a) or a section 403(a) annuity plan to another such plan using a direct rollover if the other plan provides separate accounting from amounts rolled over, including separate accounting for the after-tax employee contributions and earnings on those contributions. You CANNOT roll over after-tax contributions to a governmental 457 plan. If you want to roll over your after-tax contributions to an employer plan that accepts these rollovers, you cannot have the after-tax contributions paid to your first. You must instruct the RSA to make a direct rollover on your behalf. Also, you cannot first roll over after-tax contributions to a traditional IRA and then roll over that amount into an employer plan.

THE FOLLOWING PAYMENTS CANNOT BE ROLLED OVER:

PAYMENTS SPREAD OVER LONG PERIODS: You cannot roll over a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

- your lifetime (or a period measured by your life expectancy), or
- your lifetime and your beneficiary’s lifetime (or a period measured by your joint life expectancies), or

- a period of 10 years or more.

CORRECTIVE DISTRIBUTIONS: A distribution that is made because legal limits on certain contributions were exceeded cannot be rolled over.

The RSA should be able to tell you if your payment includes amounts which cannot be rolled over.

II. DIRECT ROLLOVER

A DIRECT ROLLOVER is a direct payment of the amount of your RSA benefits to a traditional IRA or an eligible employer plan that will accept it. You can choose a DIRECT ROLLOVER of all or any portion of your payment that is an eligible rollover distribution, as described in Part I above. You are not taxed on any taxable portion of your payment for which you choose a DIRECT ROLLOVER until you later take it out of the traditional IRA or eligible employer plan. In addition, no income tax withholding is required for any taxable portion of your RSA benefits for which you choose a DIRECT ROLLOVER. The Plan might not let you choose a DIRECT ROLLOVER if your distributions for the year are less than \$200.

DIRECT ROLLOVER TO A TRADITIONAL IRA: You can open a traditional IRA to receive the DIRECT ROLLOVER. If you choose to have your payment made directly to a traditional IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a DIRECT ROLLOVER to a traditional IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish a traditional IRA to receive the payment. However, in choosing a traditional IRA, you may wish to make sure that the traditional IRA you choose will allow you to move all or a part of your payment to another traditional IRA at a later date, without penalties or other limitations. * See *IRS Publication 590, Individual Retirement Arrangements*, for more information on traditional IRAs including limits on how often you can roll over between IRAs.

DIRECT ROLLOVER TO A PLAN: If you are employed by a new employer that has an eligible employer plan, and you want a DIRECT ROLLOVER to that plan, ask the plan administrator of that plan whether it will accept your rollover. An eligible employer plan is not legally required to accept a rollover. Even if your new employer's plan does not accept a rollover, you can choose a DIRECT ROLLOVER to a traditional IRA. If the employer plan accepts your rollover, the plan may provide restrictions on the circumstances under which you may later receive a distribution of the rollover amount or may require spousal consent to any subsequent distribution. Check with the Plan Administrator of that plan before making your decision.

CHANGE IN TAX TREATMENT RESULTING FROM A DIRECT ROLLOVER: The tax treatment of any payment from the eligible employer plan or traditional IRA receiving your DIRECT ROLLOVER might be different than if you received your benefit in a taxable distribution directly from RSA. For example, if you were born before January 1, 1936, you might be entitled to ten-year averaging or capital gain treatment, as explained below. However, if you have your benefit rolled over to a section 403(b) tax-sheltered annuity, a governmental 457 plan, or a traditional IRA in a Direct Rollover, your benefit will no longer be eligible for that special treatment. See the sections below entitled "Additional 10% Tax if you are under age 59 1/2" and "Special Tax Treatment if you were Born before January 1, 1936."

III. PAYMENT PAID TO YOU

If your payment can be rolled over (see Part I. above) and the payment is made to you in cash, it is subject to a 20% federal income tax withholding on the taxable portion (state tax withholding may also apply). The payment is taxed in the year you receive it unless, within 60 days, you roll it over to a traditional IRA or an eligible employer plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

Income Tax Withholding

MANDATORY WITHHOLDING: If any portion of your payment can be rolled over under Part I above and you do not elect to make a DIRECT ROLLOVER, the Plan is required by law to withhold 20% of the taxable amount. This amount is sent to the IRS as federal income tax withholding. *For example*, if you can roll over a taxable payment of \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, unless you make a rollover within 60 days (see SIXTY-DAY ROLLOVER OPTION below) you must report the full

\$10,000 as a taxable payment from the Plan. You must report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year. There will be no income tax withholding if your payments for the year are less than \$200.

VOLUNTARY WITHHOLDING: If any portion of your payment is taxable but cannot be rolled over under Part I. above, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. If you do nothing, an amount will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, ask the RSA for the election form and related information.

SIXTY-DAY ROLLOVER OPTION: If you receive a payment that can be rolled over under Part I. above, you can still decide to roll over all or part of it to a traditional IRA or to an eligible employer plan that accepts rollovers. If you decide to roll over, *you must contribute the amount of the payment you received to a traditional IRA or eligible employer plan within 60 days after you receive the payment.* The portion of your payment that is rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan.

You can roll over up to 100% of your payment that can be rolled over under Part I. above, including an amount equal to the 20% of the taxable portion that was withheld. If you choose to roll over 100%, you must find other money within the 60-day period to contribute to the traditional IRA or the eligible employer plan to replace the 20% that was withheld. On the other hand, if you roll over only the 80% of the taxable portion that you received, you will be taxed on the 20% that was withheld.

Example: The taxable portion of your payment that can be rolled over under Part I. above is \$10,000, and you choose to have it paid to you. You will receive \$8,000, and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000, you may roll over the entire \$10,000 to a traditional IRA or an eligible employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the traditional IRA or an eligible employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of part or all of the \$2,000 withheld.

If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return, you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)

ADDITIONAL 10% TAX IF YOU ARE UNDER AGE 59½: If you receive a payment before you reach age 59 ½ and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax generally does not apply to (1) payments that are paid as equal (or almost equal) over your life or life expectancy (or your and your beneficiary's lives or life expectancies), (2) payments that are paid from an eligible employer plan after you separate from service with your employer during or after the year you reach age 55, (3) payments that are paid because you retire due to disability, (4) payments that are paid directly to the government to satisfy a federal tax levy, (5) payments that do not exceed the amount of your deductible medical expenses. These exceptions may be different for distributions from a traditional IRA. See IRS Form 5329 for more information on the additional 10% tax.

The additional 10% tax does not apply to distributions from RSA-1 or any other governmental 457 Plan, except to the extent the distribution is attributable to an amount you rolled over to the governmental 457 Plan (adjusted for investment returns) from another type of eligible employer plan or IRA. Any amount rolled over from RSA-1 to another type of eligible employer plan or to a traditional IRA will be subject to the additional 10% tax if it is distributed to you before you reach age 59½, unless an exception applies.

SPECIAL TAX TREATMENT IF YOU WERE BORN BEFORE JANUARY 1, 1936: If you receive a payment from a plan qualified under section 401(a) or a section 403(a) annuity plan that can be rolled over under Part I and you do not roll it over to a traditional IRA or an eligible employer plan, the payment will be taxed in the year you receive it. However, if the payment qualifies as a "lump sum distribution," it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you after you have reached age 59 ½ or because you have separated from service with your employer. For a payment to be treated as a lump sum distribution, you must have been a participant in the plan for at least five years before the year in which you received the distribution. The special tax treatment for lump sum distributions that may be available to you is described below.

TEN-YEAR AVERAGING: If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using “10-year averaging” (using 1986 tax rates). Ten-year averaging often reduces the tax you owe.

CAPITAL GAIN TREATMENT: If you receive a lump sum distribution and you were born before January 1, 1936, and you were a participant in the RSA before 1974, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the RSA taxed as long-term capital gain at a rate of 20%.

There are other limits on the special tax treatment for lump sum distributions. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. You may not elect this special tax treatment if you rolled amounts into the RSA from a 403(b) tax-sheltered annuity contract, a governmental 457 plan, or from an IRA not originally attributable to a qualified employer plan. If you have previously rolled over a distribution from the RSA (or certain other similar plans of the employer), you cannot use this special averaging treatment for later payments from the RSA. If you roll over your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, you will not be able to use special tax treatment for later payments from that IRA, plan, or annuity. Also, if you roll over only a portion of your payment to a traditional IRA, governmental 457 plan, or 403(b) tax-sheltered annuity, this special tax treatment is not available for the rest of the payment. See IRS Form 4972 for additional information on lump sum distributions and how you elect the special tax treatment.

IV. SURVIVING SPOUSES AND OTHER BENEFICIARIES

In general, the rules summarized above that apply to payments to employees also apply to payments to beneficiaries of employees.

If you are a surviving spouse, you may choose to have a payment that can be rolled over, as described in Part I. above, paid in a DIRECT ROLLOVER to a traditional IRA or to an eligible employer plan or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to a traditional IRA or to an eligible employer plan. Thus, you have the same choices as the employee.

If you are a beneficiary other than a surviving spouse, you may have the payment paid to you, or you may choose a DIRECT ROLLOVER, but only to an Individual Retirement Account or Individual Retirement Annuity established for that purpose. The IRA must be established in a manner that identifies it as an IRA with respect to a deceased individual and also identifies the deceased individual and the beneficiary.

If you elect to have the payment paid to you, you may elect not to have tax withholding applied to that portion. If you do nothing, the RSA will automatically withhold 10% federal income tax withholding. To elect out of withholding, indicate in writing to the RSA.

If you are a surviving spouse or another beneficiary, your payment is generally not subject to the additional 10% tax described in Part III above, even if you are younger than age 59½.

If you are a surviving spouse or another beneficiary, you may be able to use the special tax treatment for lump sum distributions. If you receive a payment because of the employee’s death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the RSA.

How To Obtain Additional Information

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with the RSA or a professional tax advisor before you take a payment of your benefits from the RSA. Also, you can find more specific information on the tax treatment of payments from qualified employer plans in *IRS Publication 575, Pension and Annuity Income*, and *IRS Publication 590, Individual Retirement Arrangements*. These publications are available from your local IRS office, on the IRS’s Internet Web Site at www.irs.gov, or by calling 1-800-TAX-FORMS.