



REFUND OF CONTRIBUTIONS QUESTIONNAIRE TIER 5

PLEASE COMPLETE EACH QUESTION WITH A 'YES' OR 'NO' ANSWER: YOU MUST ANSWER ALL QUESTIONS.

- Y N 1. Have you had a previous refund of contributions?
- Y N 2. Do you have twenty or more years of service? If the answer is yes or you are not sure, do not withdraw your contributions without receiving counseling from Active Member Services. When you withdraw your contributions, you lose any right you may have to receive a service pension from the Plan.
- Y N 3. Do you have a prior marriage(s), prior domestic partnership(s) filed with the California Secretary of State, or a substantially equivalent legal union validly formed in another jurisdiction?

If yes, please list all names of prior spouse(s) or prior domestic partner(s).

| Last Name, First Name, MI | Date of Marriage/Date Domestic Partnership Declaration Filed | Date Ended |
|---------------------------|--------------------------------------------------------------|----------------|
| _____ | ____/____/____ | ____/____/____ |
| _____ | ____/____/____ | ____/____/____ |

- Y N 4. Have you used any name other than your current name during your employment or since you left employment? If the answer is yes, please list all other names used:

- Y N 5. Are you currently buying back basic training time or other service credit?
- Y N 6. Do you understand that, by withdrawing your contributions, you are giving up your right to apply for and receive a disability pension? If you believe you may be disabled, do not withdraw your contributions. Ask the Plan for information about filing a disability pension application. **IF YOU WITHDRAW YOUR CONTRIBUTIONS, YOU LOSE YOUR RIGHT TO RECEIVE A DISABILITY PENSION FROM THE PLAN.**
- Y N 7. Have you previously retired on a disability pension? If the answer is yes, you are NOT entitled to a refund of the contributions you contributed to the Plan prior to your receipt of a disability pension.

To the best of my knowledge, I, _____, have answered the above questions truthfully.
FULL NAME

| | | |
|-----------------------|---------------------------------|-------------------------------------------|
| MEMBER'S SIGNATURE | DATE | RESIGNATION/TERMINATION DATE |
| E-MAIL | (____)____-____ PHONE NUMBER | (____)____-____ ALTERNATE PHONE NUMBER |
| LAFPP STAFF SIGNATURE | DATE | |



TIER 5 REQUEST FOR REFUND OF CONTRIBUTIONS

ATTENTION: Your rights and benefits are governed by the provisions of **Tier 5**, Section 1222 of the City Charter and Section 4.2000 to Section 4.2028 of the Los Angeles Administrative Code. **If you receive a refund of your pension contributions you give up all rights to those benefits. You will no longer have a claim, right or entitlement to any benefit described in the Charter and Administrative Code. Be sure that you read and understand all pertinent Charter and Administrative Code provisions before executing this document.** If you receive a refund from LAFPP, you lose your right to the following:

1. Retirement on a service pension, if you have 20 years of service and are age 50.
2. Retirement on a service-connected disability pension, if you are disabled from performing your job and the disability is caused by the job. **NO MINIMUM SERVICE IS REQUIRED.**
3. Retirement on a nonservice-connected disability pension, if you are disabled from performing your job and the disability is not caused by the job. Five (5) years of service is required.
4. Deferred retirement - if you have 20 years of service, you may take a deferred retirement by leaving your contributions in the system and receiving a pension when you reach age 50 (at lower Tier 3 pension percentage).

Your rights are detailed in **Tier 5** of the City Charter and the Los Angeles Administrative Code and are described in the Summary Plan Description. These documents are available from our Web site at www.lafpp.com. If after reading the provisions of your pension plan you still have questions concerning any entitlement other than a refund of the contributions as requested by you, please make sure that you inquire and get information from the staff of the Los Angeles Fire and Police Pensions and/or consult with your employee organization representative.

I, _____, FULL NAME XXX - XX - _____ (_____), SOCIAL SECURITY NUMBER CITY DEPARTMENT, fully understand my rights and benefits as contained in **Tier 5** of the Charter and Administrative Code. I further understand that by signing this document I am forfeiting any claim, right or entitlement to any benefit described by **Tier 5** of the Charter and Administrative Code including any service-connected or nonservice-connected disability retirement or retirement based on years of service. By signing this document, I am requesting a refund of my pension contributions plus accumulated interest. I understand that by withdrawing these contributions I am forfeiting now and at any time in the future any other benefit described in **Tier 5** of the Charter and Administrative Code of the City of Los Angeles.

MEMBER'S SIGNATURE

_____/_____/_____
DATE

SIGNATURE OF LOS ANGELES FIRE & POLICE PENSIONS STAFF AS WITNESS

NOTARY ACKNOWLEDGEMENT IS REQUIRED UNLESS SIGNATURE IS WITNESSED BY STAFF OF THE DEPARTMENT OF FIRE AND POLICE PENSIONS.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____, County of _____

On _____ before me, _____,
DATE (INSERT NAME AND TITLE OF THE OFFICER)

personally appeared _____, who proved to me on the
FULL NAME
basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal:

SIGNATURE OF NOTARY

NOTARY SEAL



**DISTRIBUTION ELECTION AND ROLLOVER FORM
 FOR THE TAXABLE PORTION (NOT YET TAXED) OF THE REFUND OF CONTRIBUTIONS**

 LAST NAME FIRST NAME M.I. XXX - XX - SOCIAL SECURITY NUMBER

SECTION A: PLEASE INDICATE YOUR ELECTION ON THE TAXABLE PORTION

1. **LUMP SUM (CASH) PAYMENT OF ALL TAXABLE FUNDS. Please complete Section C (See 2.b. for partial lump sum (cash) payment and partial direct rollover).** I understand that the mandatory 20% Federal income tax will be withheld, and California income tax withholding is optional and will not be withheld unless I check a. or b. below. I must complete and submit to LAFPP the IRS Form W-4R if I want to withhold more than the mandatory 20% for Federal income taxes. LAFPP is not required to withhold Federal income taxes on amounts less than \$200. Please contact LAFPP Active Member Services for the appropriate forms you will need to complete if the taxable portion of your refund is under \$200.

a. Yes, withhold California income tax at 10% of amount of Federal withholding.
 b. Yes, withhold California income tax at ____ % of amount of Federal withholding (must indicate a whole percentage amount and must be higher than 10%).

2. **DIRECT ROLLOVER (if selected, check either a. or b. below).** I understand this form must be completed and returned to Los Angeles Fire and Police Pensions, including the necessary authorization from the financial institution receiving my distribution, within 180 days from the date of filing my Request for Refund of Contributions.

a. All taxable funds. **Please complete Sections B, C, & D.**
 b. Partial Lump Sum (Cash) Payment and Partial Direct Rollover. I elect to rollover \$_____(fill in amount) of my taxable funds. **Please complete Sections B, C, & D.** I understand the mandatory 20% Federal income tax will be withheld from the remaining portion of the taxable amount not rolled over, unless I elect to withhold more (you must complete and submit Form W-4R if you want to withhold more than 20% for Federal income tax). California income tax will not be withheld unless I check b.1. or b.2. below.
 b.1. Yes, withhold California income tax at 10% of amount of Federal withholding.
 b.2. Yes, withhold California income tax at ____% of amount of Federal withholding (must indicate a whole percentage amount and must be higher than 10%).

Note: Requests for refunds are processed once a month, with the check or direct deposit being issued at the end of the month. Your completed forms must be received by the 10th of the month for your refund to be issued at the end of the month, provided your refund forms are filled out completely and correctly and barring any issues that may delay this process such as divorce(s) or wage assignments.

SECTION B: I have elected to rollover all or part of the taxable portion (not yet taxed) of my pension contributions as indicated above. I have received and read the *Special Tax Notice Regarding Your Rollover Options under a Governmental 401(a) Plan* provided by the Plan. I understand that if I elect a rollover, I am responsible for supplying the Plan with the necessary authorization in **Section D** from a financial institution eligible to receive this rollover and that it is my responsibility to provide accurate information. I understand that this rollover can only be made to a traditional IRA, Roth IRA, an eligible retirement plan that agrees to accept my rollover, or to a SIMPLE IRA that has been established for two years.

By placing my initials here, I agree to these terms: _____ **(Please initial here).**

SECTION C: I hereby authorize the Los Angeles Fire and Police Pension Plan to distribute the taxable portion of my contributions in accord with the election(s) indicated above. I further understand I have the right to consider my election options for 30 days before making the above distribution election and that my signing below within 30 days of receiving this form, I am waiving that right. I understand that if a lump sum (cash) payment is elected, a check will be mailed to the address I provide below, unless a Direct Deposit Authorization Form has been submitted. **For income reporting purposes, a 1099-R tax form will also be mailed to the address I provide below.**

 PAYEE'S NAME PAYEE'S SIGNATURE DATE

 ADDRESS CITY STATE ZIP CODE

 PHONE NUMBER EMAIL ADDRESS

LAST NAME FIRST NAME M.I. XXX-XX- SOCIAL SECURITY NUMBER

SECTION D: TO BE COMPLETED BY THE FINANCIAL INSTITUTION RECEIVING ROLLOVER DISTRIBUTION

I certify that (fill in the name of financial institution) _____ is authorized to accept these pre-tax employee contributions from the Fire and Police Pension System, which is a Section 401(a) plan. This financial institution is a (check one):

- [] Section 401(a) Plan [] Section 408(a) or 408(b) Traditional IRA [] Section 457(b) Governmental Deferred Compensation Plan
[] Section 403(b) Annuity [] Section 408A Roth IRA [] Section 408 SIMPLE IRA*

THIS INSTITUTION AS TRUSTEE FBO _____ (PRINT NAME OF ACCOUNT OWNER)

COMPLETE NUMBER 1 FOR ROLLOVER INFORMATION VIA CHECK. COMPLETE 1 AND 2, AND ATTACH AUTHORIZATION FOR WIRE TRANSFER FORM FOR ROLLOVER VIA WIRE TRANSFER

[] 1. ROLLOVER CHECK MAILED TO: (IF ROLLOVER WIRE TRANSFER IS REQUESTED BY MEMBER, FILL OUT 1 AND 2 BELOW).

Please provide "Check Payable To" information:

FULL NAME OF FINANCIAL INSTITUTION ROLLOVER ACCOUNT NUMBER

MAILING ADDRESS CITY STATE ZIP CODE

[] 2. WIRE TRANSFER INFORMATION (FEE TO BE PAID BY MEMBER)

BANK NAME BANK CITY

Table with 3 columns: TRANSIT ROUTING NUMBERS, BANK ACCOUNT NUMBER, and CHECKING/SAVINGS. Includes input fields for numbers and checkboxes.

FINANCIAL INSTITUTION OFFICER: (NOT MEMBER) SIGNATURE DATE

PRINT NAME AND TITLE PHONE NUMBER EMAIL ADDRESS

*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.



**DISTRIBUTION ELECTION AND ROLLOVER FORM
 FOR THE NON-TAXABLE PORTION (ALREADY TAXED) OF THE REFUND OF CONTRIBUTIONS**

 LAST NAME FIRST NAME M.I. XXX - XX - SOCIAL SECURITY NUMBER

SECTION A: PLEASE INDICATE YOUR ELECTION ON THE NON-TAXABLE PORTION

1. **LUMP SUM (CASH) PAYMENT (if selected, check one):**
 - a. All non-taxable funds. **Please complete Section C.**
 - b. Balance of non-taxable funds not rolled over. **Please complete Sections B, C, & D.**

2. **DIRECT ROLLOVER (if selected, check either a. or b. below):** I understand that I may not rollover any nontaxable funds unless I have first rolled over all of my taxable funds. I further understand this form must be completed and returned to the Los Angeles Fire and Police Pension Plan, including the necessary authorization from the financial institution receiving my distribution, within 180 days from the date of filing my Request for Refund of Contributions.
 - a. All nontaxable funds. **Please complete Sections B, C, & D.**
 - b. Partial Lump Sum (Cash) Payment and Partial Direct Rollover. I elect to rollover \$_____ (fill in amount) of my nontaxable funds. **Please complete Sections B, C, & D.**

SECTION B: I have elected to rollover all or part of the non-taxable portion (already taxed) of my pension contributions as indicated above. I have received and read the *Special Tax Notice Regarding Your Rollover Options under a Governmental 401(a) Plan* provided by the Plan. I understand that if I elect a rollover, I am responsible for supplying the Plan with the necessary authorization in **Section D** from a financial institution eligible to receive this rollover and that it is my responsibility to provide accurate information. I understand that if the rollover is to a traditional IRA, that I am responsible for keeping track of, and reporting to the IRS on the applicable forms, the amounts of these after-tax contributions that are rolled over. I understand that this rollover can only be made to a traditional IRA, Roth IRA, or an eligible retirement plan that separately accounts for the after-tax employee contributions and earnings on those contributions and that this rollover cannot be made to a governmental 457(b) deferred compensation plan or a SIMPLE IRA.

By placing my initials here, I agree to these terms: _____ **(Please initial here)**.

SECTION C: I hereby authorize the Los Angeles Fire and Police Pension Plan to distribute my non-taxable (already taxed) contributions in accord with the election(s) indicated above. I understand that I have the right to consider my election options for 30 days before making the above distribution election and understand I am waiving this right if I sign below within 30 days of receiving this form. I understand that if a lump sum (cash) payment is elected, the check will be mailed to the address I provide below, unless a Direct Deposit Authorization Form has been submitted. **For income reporting purposes, a 1099-R tax form will also be mailed to the address I provide below.**

 PAYEE'S NAME

 PAYEE'S SIGNATURE

____/____/____
 DATE

 ADDRESS

 CITY

 STATE

 ZIP CODE

 PHONE NUMBER

 EMAIL ADDRESS

LAST NAME FIRST NAME M.I. XXX-XX-
SOCIAL SECURITY NUMBER

SECTION D: TO BE COMPLETED BY THE FINANCIAL INSTITUTION RECEIVING ROLLOVER DISTRIBUTION

I certify that (fill in the name of financial institution) _____ is authorized to accept these after-tax employee contributions from the Fire and Police Pension System, which is a Section 401(a) plan. This financial institution is a (check one):

- Section 401(a) Plan* Section 408(a) or 408(b) Traditional IRA
 Section 403(b) Annuity* Section 408A Roth IRA

*A Section 401(a) plan or Section 403(b) annuity must agree to separately account for after-tax employee contributions and earnings.

THIS INSTITUTION AS TRUSTEE FBO _____
 (PRINT NAME OF ACCOUNT OWNER)

COMPLETE NUMBER 1 FOR ROLLOVER INFORMATION VIA CHECK. COMPLETE 1 AND 2, AND ATTACH AUTHORIZATION FOR WIRE TRANSFER FORM FOR ROLLOVER VIA WIRE TRANSFER

1. ROLLOVER CHECK MAILED TO: (IF ROLLOVER WIRE TRANSFER IS REQUESTED BY MEMBER, FILL OUT 1 AND 2 BELOW).

Please provide "Check Payable To" information:

FULL NAME OF FINANCIAL INSTITUTION ROLLOVER ACCOUNT NUMBER

MAILING ADDRESS CITY STATE ZIP CODE

2. WIRE TRANSFER INFORMATION (FEE TO BE PAID BY MEMBER)

BANK NAME BANK CITY

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|----------|--|
| TRANSIT ROUTING NUMBERS | | | | | | | | | | | | BANK ACCOUNT NUMBER | | | | | | | | | | | | CHECKING | |
| : | | | | | | | | | | | | : | | | | | | | | | | | | SAVINGS | |

FINANCIAL INSTITUTION OFFICER: _____ / /
 (NOT MEMBER) SIGNATURE DATE

PRINT NAME AND TITLE PHONE NUMBER EMAIL ADDRESS



Los Angeles

Fire & Police Pensions

TO SERVE THOSE WHO PROTECT

AUTHORIZATION FOR WIRE TRANSFER REFUND OF CONTRIBUTIONS ROLLOVER DISTRIBUTIONS

I, _____, agree to incur all costs and fees pertaining to my

PRINT NAME

Refund of Contributions rollover distribution(s) wire transfer. The current fee is \$7.00 per wire transfer, payable by check issued to the Board of Fire and Police Pension Commissioners.

I understand that the fee must be secured before LAFPP processes my rollover distribution(s) wire transfer. I understand that if the wire fee check is not received, the fee will be taken from any lump sum cash payment distribution of my refund.

I acknowledge that there will be separate wire fees (\$7 each) for the taxable and non-taxable portion of my rollover distributions.

I am responsible for ensuring that my financial institution will accept a wire transfer of my Refund of Contributions rollover distribution(s) and the wire account information provided is correct.

I recognize that I have the option to receive my rollover distribution(s) issued as a check, at no cost but choose instead to pay for distribution by wire transfer.

MEMBER SIGNATURE

DATE SIGNED

PHONE NUMBER

EMAIL ADDRESS

Please return this form by mail, fax or email to:

**Los Angeles Fire and Police Pensions
Attn: Active Member Services Section
701 E. 3rd Street, Suite 200
Los Angeles, CA 90013
Fax: (213) 628-7716 / Email: amssection@lafpp.com**

If you have any questions, please contact us at (213) 279-3140 or at the above email.

AMS Staff Use Only:

Deduction entered on _____

Check No. _____ Date Received _____

Check Amount \$ _____ Received by _____



Los Angeles

Fire & Police Pensions

TO SERVE THOSE WHO PROTECT

DIRECT DEPOSIT AUTHORIZATION FORM FOR REFUND OF CONTRIBUTIONS (NOT FOR ROLLOVER)

| | | | |
|------------------------|-----------|-------|----|
| XXX-XX- | | | |
| SOCIAL SECURITY NUMBER | LAST NAME | FIRST | MI |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|-----|--|--|--|-------------|--|--|----------------|--|--|--|--|--|--|--|--|--|----------|--|--|--|---------|--|
| TRANSIT ROUTING NUMBERS | | | | | | | | | | ACCOUNT NUMBER | | | | | | | | | | CHECKING | | | | | |
| : | | | | | | | | | | : | | | | | | | | | | | | | | SAVINGS | |
| TRANSIT | | | ABA | | | | CHECK DIGIT | | | | | | | | | | | | | | | | | | |

| | | | | |
|-----------|--------|----|-------------------|--|
| BANK NAME | BRANCH | | BANK PHONE NUMBER | |
| ADDRESS | CITY | ST | ZIP | |

I hereby authorize direct deposit of the LUMP SUM (CASH) PAYMENT into my checking or savings account as indicated above. I also authorize you to make corrections to my account to adjust for any errors in deposit.

| | | |
|-------------------|--------------|------|
| PAYEE'S SIGNATURE | PHONE NUMBER | DATE |
|-------------------|--------------|------|

TO DIRECT DEPOSIT YOUR REFUND LUMP SUM (CASH) PAYMENT:

1. Print your name and last 4 digits of your social security number.
2. Enter transit routing number, account number, and financial institution information.
3. Mark the box next to Checking or Savings to indicate type of account.
4. Attach a cancelled or voided check to the direct deposit form.
5. Sign and date form. Return it along with your Refund Questionnaire, Request for Refund of Contributions, and Distribution Election and Rollover Form(s) to:

Los Angeles Fire and Police Pensions
Active Member Services Section
701 E. 3rd Street, Suite 200
Los Angeles, CA 90013
Fax: (213) 628-7716
Email: amssection@lafpp.com

If you have any questions, please call the Active Member Services Section at (844) 88-LAFPP, toll free or (213) 279-3140.

| |
|---------------------------------------------------------------------------------------|
| For Office use only: Lump Sum: Taxable Amount \$ _____ Non-Taxable Amount \$ _____ |
|---------------------------------------------------------------------------------------|

SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS UNDER A GOVERNMENTAL 401(a) PLAN

You are receiving this notice because all or a portion of a payment you are receiving from the City of Los Angeles Fire and Police Pension Plan (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover. You may request a paper copy of this Notice from the plan administrator at no charge to you.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (generally, distributions made before age 59½), unless an exception applies. NOTE: See exception for public safety officers, page 2.

However, if you do a rollover, you will not have to pay tax until you receive payments later and the 10% additional income tax will not apply if those payments are made after you are age 59½ (or if an exception to the 10% additional income tax applies).

What types of retirement accounts and plans may accept my rollover?

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees, and rights to payment from the IRA or employer plan. Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

You also may do a rollover to a SIMPLE IRA, but only after a two-year waiting period (beginning on the date you first participated in your employer's SIMPLE IRA) has expired.

How do I do a rollover?

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

If you do a direct rollover, the Plan will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

If you do not do a direct rollover, you may still do a rollover by making a deposit into an

IRA or eligible employer plan that will accept it. Generally, you will have 60 days after you receive the payment to make the deposit. If you do not do a direct rollover, the Plan is required to withhold 20% of the payment for federal income taxes. This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20% withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10% additional federal income tax and an additional 2.5% state income tax on early distributions if you are under age 59 ½ (unless an exception applies).

How much may I roll over?

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any payment from the Plan is eligible for rollover, except:

- Certain payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary. This means that your lifetime monthly benefits are not eligible for rollover);
- Required minimum distributions after age 72 (age 70 ½ if you were born before July 1, 1949) (or after death);
- Corrective distributions of contributions that exceed tax law limitations;

The Plan administrator or the payor can tell you what portion of a payment is eligible for rollover.

If any portion of your payment is taxable but cannot be rolled over, 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 of 10% will be taken out of this portion of your payment for federal income tax withholding. To elect out of withholding, or to increase the withholding, ask the Plan for the election form and related information.

If I don't do a rollover, will I have to pay the 10% additional income tax on early distributions?

If you are under age 59 ½, you will have to pay the 10% additional federal income tax on early distributions (an additional 2.5% for state income tax) for any payment from the Plan (including amounts withheld for income tax) that you do not roll over, unless one of the exceptions listed below applies. This tax applies to the part of the distribution that you must include in income and is in addition to the regular income tax on the payment not rolled over.

The 10% additional income tax does not apply to the following payments from the Plan:

- Payments from a governmental plan made after you separate from service if you are a qualified public safety employee and you will be at least age 50 in the year of the separation;
- Payments made after you separate from service if you will be at least age 55 in the year of the separation;
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or

joint life expectancy of you and your beneficiary);

- Payments made due to disability;
- Payments after your death;
- Corrective distributions of contributions that exceed tax law limitations;
- Payments made directly to the government to satisfy a federal tax levy;
- Payments made under a qualified domestic relations order (QDRO);
- Payments up to the amount of your deductible medical expenses (without regard to whether you itemize deductions for the taxable year);
- Certain payments made while you are on active duty if you were a member of a reserve component called to duty after September 11, 2001 for more than 179 days; and
- Payments excepted from the additional income tax by federal legislation relating to certain federally declared disasters.

If I do a rollover to an IRA, will the 10% additional income tax apply to early distributions from the IRA?

If you receive a payment from an IRA when you are under age 59 ½, you will have to pay the 10% additional income tax on early distributions on the part of the distribution that you must include in income, unless an exception applies. In general, the exceptions to the 10% additional income tax for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- The exception for payments made after you separate from service if you will be at least age 55 in the year of the separation (or age 50 for qualified public safety employees) does not apply;
- The exception for QDROs does not apply (although a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse); and
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.

Additional exceptions apply for from an IRA, including:

- Payments for qualified higher education expenses;
- Payments up to \$10,000 used in a qualified first-time home purchase; and
- Payments for health insurance premiums after you have received unemployment compensation for 12 consecutive weeks (or would have been eligible to receive unemployment compensation but for self-employed status).

Will I owe State income taxes?

California income tax withholding on your distribution is optional. You may elect either to have no state income tax withheld or to have 10% of the federal withholding amount withheld for state income tax purposes. The Plan will not withhold state taxes for any state other than California.

SPECIAL RULES AND OPTIONS

If your payment includes after-tax contributions

After-tax contributions included in a payment are not taxed. If you receive a partial payment of your total benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, if you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in the payment. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from the Plan and at the same time the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of the entire amount paid from the Plan to two or more destinations at the same time, you can choose which destination receives the after-tax contributions. For rollovers of a DROP distribution, you can only do a direct rollover of the entire amount to a single destination. Both taxable and non-taxable contributions will be rolled over to the same institution, accounted for separately.

Similarly, if you do a 60-day rollover to an IRA of only a portion of a payment made to you, the portion rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover (and only if the receiving plan separately accounts for after-tax contributions and is not a governmental section 457(b) plan). You can do a 60-day rollover to an employer plan of part of a payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

If you miss the 60-day rollover deadline

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline. Under certain circumstances, you may claim eligibility for a waiver of the 60-day rollover deadline by making a written self-certification. Otherwise, to apply for a waiver from the IRS, you must file a private letter ruling request with the IRS. Private letter ruling requests require the

payment of a nonrefundable user fee. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*.

If you were born on or before January 1, 1936

If you were born on or before January 1, 1936 and receive a lump sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

If you are an eligible retired public safety officer and your payment is used to pay for health coverage or qualified long-term care insurance

If the Plan is a governmental plan, you retired as a public safety officer, and your retirement was by reason of disability or was after normal retirement age, you can exclude from your taxable income Plan payments paid directly as premiums to an accident or health plan (or a qualified long-term care insurance contract) that your employer maintains for you, your spouse, or your dependents, up to a maximum of \$3,000 annually. For this purpose, a public safety officer is a law enforcement officer, firefighter, chaplain, or member of a rescue squad or ambulance crew.

If you make this election, reduce the otherwise taxable amount of your pension by the amount excluded. The amount shown in box 2a of Form 1099-R doesn't reflect the exclusion. Report your total distribution on line 5a and the taxable amount on line 5b. Enter "PSO" next to line 5b. If you retired on disability and reporting your disability pension on line 1, include only the taxable amount on that line and enter "PSO" and the amount excluded on the dotted line next to line 1. Instructions to Form 1040 (2021), pp. 27-28.

If you roll over your payment to a Roth IRA

If you roll over a payment from the Plan to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. In general, the 10% additional income tax on early distributions will not apply. However, if you take the amount rolled over out of the Roth IRA within the 5 year period that begins on January 1 of the year of the rollover, the 10% additional income tax will apply (unless an exception applies).

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed (including earnings after the rollover). A qualified distribution from a Roth IRA is a payment made after you are age 59 ½ (or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000) and after you have had a Roth IRA for at least 5 years. In applying this 5-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10% additional income tax on early distributions (unless an exception applies). You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*, and IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*.

If you are not a Plan participant

INFORMATION FOR A SPOUSE OR FORMER SPOUSE OF MEMBER

The rollover rules and mandatory 20% tax withholding rules set forth above also apply to:

- A spouse or former spouse who receives a lump-sum distribution based upon a domestic relations order;
- A spouse who receives a lump-sum distribution due to the Member's death.

A spouse or former spouse, however, is not subject to early distribution penalties that apply to the Member.

Payments after death of the participant. If you receive a distribution after the participant's death that you do not roll over, the distribution generally will be taxed in the same manner described elsewhere in this notice. However, the 10% additional income tax on early distributions (prior to age 59 ½) and the special rules for public safety officers (regarding payments used for health coverage described above) do not apply, and the special rule described under the section "If you were born on or before January 1, 1936" applies only if the deceased participant was born on or before January 1, 1936.

If you are a surviving spouse. If you receive a payment from the Plan as the surviving spouse of a deceased participant, you have the same rollover options that the participant would have had, as described elsewhere in this notice. 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 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 70 ½ (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 participant had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the participant had not started taking required minimum distributions from the Plan, you will not have to start receiving required minimum distributions from the inherited IRA until the year the participant would have been age 70 ½ (if the participant born before July 1, 1949) or age 72 (if the participant born after June 30, 1949).

If you are a surviving beneficiary other than a spouse. If you receive a payment from the Plan because of the participant'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. 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.

Payments under a QDRO. If you are the spouse or former spouse of the participant who receives a payment from the Plan under a QDRO, you generally have the same options and the same tax treatment that the participant would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). However, payments under the QDRO will not be subject to the 10% additional income tax on early distributions.

If you are a nonresident alien

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or U.S. employer plan, instead of withholding 20%, the Plan is generally required to withhold 30% of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing Form 1040NR and attaching your Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

Other special rules

If a payment is one in a series of payments for less than 10 years, your choice whether to do a direct rollover will apply to all later payments in the series (unless you make a different choice for later payments).

If your payments for the year are less than \$200, the Plan is not required to allow you to do a direct rollover and is not required to withhold federal income taxes. However, you may do a 60-day rollover.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information on special rollover rights related to the U.S. Armed Forces, see IRS Publication 3, *Armed Forces' Tax Guide*. You may also have special rollover rights if you were affected by a federally declared disaster (or similar event), or if you received a distribution on account of a disaster. For more information on special rollover rights related to disaster relief, see the IRS website at www.irs.gov.

FOR MORE INFORMATION

Los Angeles Fire and Police Pensions cannot give you tax advice. We urge you to consult with a professional tax advisor before taking a payment from the Plan. Also, you can find more detailed information on the federal tax treatment of payments from employer plans in: IRS Publication 575, *Pension and Annuity Income*; IRS Publication 590-A, *Contributions to Individual Retirement Arrangements (IRAs)*; IRS Publication 590-B, *Distributions from Individual Retirement Arrangements (IRAs)*; and, IRS Publication 571, *Tax- Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, on the web at www.irs.gov, or by calling 1-800-TAX-FORM.