

**MONTGOMERY COUNTY
RETIREMENT SAVINGS PLAN (RSP)
Plan #65674
Direct Rollover/Distribution Election Form**

Please note: if your vested account balance is \$5,000 or more and you are interested in purchasing a Joint and Survivor Annuity, Single Life Annuity or Period Certain Annuity, do not complete this form. To arrange for your annuity, contact the Board of Investment Trustees at (240) 777-8220.

YOUR INFORMATION:

Social Security #: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Date of Hire: _____

Street Address:

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Please check one of the three options below, sign and date this form, and return it to:

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

Questions: Call Fidelity Investments at 1-800-343-0860 Monday-Friday 8:00 am to midnight ET

If you choose option 1 or 3, supply all information requested.

1. I elect to have the entire eligible rollover distribution made payable to the following plan*:

FULL NAME OF PLAN:

NAME OF TRUSTEE/ CUSTODIAN: _____

I represent that the above named plan is (Check One):

- A traditional individual retirement arrangement (IRA)
- 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
- _____ An eligible Section 457(b) plan maintained by a governmental employer (governmental 457 plan)

**A check will be made payable to the receiving custodian/trustee on your behalf and will be mailed directly to you. Forward the check to the receiving custodian/trustee.*

2. I elect to have the entire distribution paid directly to me. I understand that 20% of the taxable portion of my account will be withheld for federal income tax purposes; also, many states require that state income taxes be withheld.

3. I elect to have \$ _____ of the distribution paid directly to me (I understand that 20% of the taxable portion of my account will be withheld for federal income tax purposes; also, many states require that state income taxes be withheld), and the remaining eligible rollover distribution amount made payable to the following plan*(distribution and rollover amounts will be made proportionally across all available investment options):

FULL NAME OF PLAN:

NAME OF TRUSTEE/ CUSTODIAN: _____

I represent that the above named plan is (Check One):

- A traditional individual retirement arrangement (IRA)

- 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

- An eligible Section 457(b) plan maintained by a governmental employer (governmental 457 plan)

**A check will be made payable to the receiving custodian/trustee on your behalf and will be mailed directly to you. Forward the check to the receiving custodian/trustee.*

I have read the "Special Tax Notice Regarding the Distribution" of account balances upon termination of employment that was attached to this election form. I understand the recommendation that I should consult with a tax advisor in deciding which course to follow in this matter.

(DATE)

(SIGNATURE)