



APPLICATION FOR A CASH REFUND OR TRANSFER OF FUNDS FOR A VESTED EMPLOYEE

Participant's name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Having terminated my employment with a Christian Schools International member school and consequently also my active participation in the Christian School Pension Plan and Trust Fund (the "Plan") after attaining the years of credited service necessary for vesting, I request: **(Select one)**

\_\_\_\_\_ **Total Payment to Me.** A refund of all my contributions with accrued interest to me. By government regulations the taxable portion of this refund will have a mandatory federal income tax withholding of 20% deducted before payment.

\_\_\_\_\_ **Partial Payment to Me.** A refund in cash of \$\_\_\_\_\_ (subject to applicable tax withholding) to me and a transfer of the balance of my contributions with accrued interest to an IRA or eligible employer plan. The direct rollover will be to: **(Select one)**  
 IRA                       Roth IRA\*                       Eligible Employer Plan

\_\_\_\_\_ **Direct Rollover.** A transfer of all my contributions with accrued interest to an IRA or eligible employer plan. I am aware I am responsible for keeping track of the aggregate amount of after-tax contributions (if any) included in this rollover amount. The direct rollover will be to: **(Select one)**  
 IRA                       Roth IRA\*                       Eligible Employer Plan

\*By rolling to a Roth IRA, I understand that I will incur income tax liability on any amount not previously taxed.

Investment firm receiving rollover:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attn: \_\_\_\_\_ Account number \_\_\_\_\_

Check made payable to: \_\_\_\_\_

**OPTIONAL: Withholding Election(s)** for Total and Partial Payments (does not apply to Rollover requests)

Additional Federal Withholding: \_\_\_\_\_% (in addition to the mandatory 20%)

State Withholding: *Please submit applicable state tax withholding form.*

I make this request fully aware that I may leave my contributions in the Plan and receive a deferred pension equal to my accrued pension under the Plan beginning at age 65 (or in a reduced amount beginning at any time after age 55).

I have pension credits with the Canadian Christian School Pension Plan. Yes\_\_\_\_ No\_\_\_\_

Marital Status:  Single  Married\*\*

**\*\*If you are married, your spouse must give written notarized consent for you to obtain this refund.**

**SPOUSE CONSENT:**

As the spouse of the participant named on this application, I consent to a cash refund/transfer of employee funds from the Christian School Pension Plan and Trust Fund (the "Plan"). I understand this will result in a reduction in the benefits to which my spouse (and I, should her/his death occur before mine) would otherwise be entitled under the Plan.

Consent/signature of participant's spouse \_\_\_\_\_ Date \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ Commission expiration date \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

I understand that I have the right to consider my options for 30 days. By returning this form in less than 30 days, I hereby waive that right and confirm my above directions for payment to me and/or direct rollover of my distribution.

I understand that the acceptance of a cash refund or transfer of funds reduces my accrued pension by that portion thereof which is based on the accrued value of the withdrawal.

**Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

Payable to: _____	Post tax Contr. _____
"Cash" Amt.\$ _____ "Rollover" Amt. \$ _____	Taxable Contr. _____
Date Paid _____ Check No. _____	Contributions _____
Date Calc'd _____ Calc'd by _____	Interest _____
Date Reviewed _____ Reviewed by _____	Total _____
Approved by _____ and _____	OBRA Interest _____
Ariel _____ Excel _____	Fed Tax _____
	Net Refund _____