

THE GROSSE POINTE PUBLIC SCHOOL SYSTEM
DEFERRED COMPENSATION PLAN
DISTRIBUTION ELECTION FORM

Participant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security No. _____
Date: _____

TO: THE GROSSE POINTE PUBLIC SCHOOL SYSTEM
DEFERRED COMPENSATION PLAN COMMITTEE:

1. If the Participant is deceased, name of Beneficiary requesting distribution:
[Requires valid Beneficiary Designation Form and Certificate of Death]

Beneficiary's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Social Security No. _____

2. Reason for Distribution:

- _____ Attained age 70½ during the year.
- _____ Separation from Service on _____, 20__.
- _____ Death of Participant on _____, 20__.
- _____ Amendment of Distribution Agreement currently on file.
- _____ Revoke Distribution Agreement currently on file.

3. Date of First Payment (not before 45 days from the date this Notice is delivered to the Committee or later than April 1 of the calendar year following the year within which I attain age 702):
_____, 20__.

4. Frequency of Payments (check one):

- _____ One Single Payment.
- _____ Annual.
- _____ Semi-annual.
- _____ Quarterly.
- _____ Monthly.

5. **Length of Payments** (check one):

- _____ One Single Payment.
- _____ Over my Life Expectancy.
- _____ Over _____ Years (not exceeding my life expectancy).
- _____ Over the joint lives of me and my spouse.
- _____ Over _____ Years (not exceeding the joint life expectancies of me and my spouse)

6. **Payment Amounts:**

One Single Payment: \$ _____ (Entire account balance or withdrawal of a specified amount).

Periodic Payments: \$ _____ (Estimated installment payment amounts).

[Note: Periodic payment figures may change each year depending on the types of investments and changes in the value of the investments in your individual account]

7. **Rollover to another qualified plan or IRA:**

_____ Roll my Eligible Rollover Distribution (See the document entitled “Special Tax Notice Regarding Plan Payments”) into:

New trustee or custodian: _____
Address: _____
Telephone No: _____
Account No: _____

Amount to be transferred: \$ _____

_____ I do not want to make a direct rollover. I understand that the funds that will be distributed to me are taxable to me as ordinary income and subject to withholding at a rate of 20% in the tax year that I receive them. I will receive a federal Form 1099-R. Please process the distribution instructions indicated in this Distribution Agreement. I elect not to wait until the end of the 30-day Special Tax Notice period.

8. **Disposition of Life Insurance Product (if any):** [Requires the original life insurance policy]

- _____ Surrender for cash value.
- _____ Reduced paid-up annuity policy.
- _____ Transfer of ownership.

9. Participant or Beneficiary Disbursement Authorization.

I have read and understand the Special Tax Notice Regarding Plan Payments, containing rollover information and instructions. I hereby certify, under penalty of perjury, that I am not a party to any suit for divorce, nor am I aware that a divorce is pending or anticipated.

If previously divorced, and if I was married to my former spouse during any time that I was a Participant in the Plan, the distributions set forth in this Distribution Agreement shall be subject to any terms in the divorce decree pertaining to distributions from the Plan and, as a condition to being entitled to receive any distribution under this Distribution Agreement, I shall provide a true copy of the divorce decree to the Plan Administrator.

I authorize the Plan Administrator to distribute my benefits under the Plan as set forth above.

Signatures:

PARTICIPANT (or Beneficiary, if the Participant is deceased)

**THE GROSSE POINTE PUBLIC SCHOOL
SYSTEM DEFERRED COMPENSATION
PLAN COMMITTEE**

By: _____

Dated: _____

Dated: _____