

The forms in this packet allow eligible retired public safety officers to request a tax-free withdrawal of up to \$3,000 for the payment of qualifying insurance premiums. Follow the steps shown below to ensure we are able to process your request in a timely manner.

1. **Initial Request:** Submit the *Retired Public Safety Officer Certification Form* to your former employer. This form certifies your status as an eligible retired public safety officer and is only needed for your initial withdrawal.
2. **First Request on a Policy:** Submit the *Qualified Insurance Policy Verification Form* to your insurance carrier. This form is completed by your insurance carrier and verifies that your insurance policy qualifies for use with the tax-free withdrawal provision. If you request a withdrawal from a different policy, or the terms of your policy change, you will need to complete this form again.
3. **All Requests:** Complete the *Insurance Premium Direct Payment Request Form*. For amounts in excess of \$3,000, you must also complete a separate *One-Time Payment Form*.
4. Once complete, fax or mail the applicable forms to MissionSquare.

FAX:

MissionSquare Retirement
Attn: Workflow Management Team
(202) 682-6439

MAIL:

MissionSquare Retirement
Attn: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

Please keep a copy of the completed form for your records.

TIMEFRAME FOR PAYMENTS

To allow time for verification and payment to the insurance carrier, please send your completed payment request forms to MissionSquare at least two weeks (but not more than sixty days) prior to the date that you wish to have the payment sent to the insurance carrier. For amounts in excess of \$3,000 a separate *One-Time Payment Form* is required. Please Note: In this case, the tax free portion will be sent in one check to the insurance carrier. The excess amount will be sent to the participant; tax withholding may apply.

Retired Public Safety Officer Certification Form

- This form must be submitted along with a participant's initial request for a tax-free withdrawal of up to \$3,000 for the payment of qualifying insurance premiums. Only eligible retired public safety officers may take advantage of this provision, and this form is signed by the plan sponsor to certify that a former employee satisfies the definition of "eligible retired public safety officer."
- The participant should return the completed form, along with other applicable forms (see instructions) to MissionSquare Retirement.

1 PARTICIPANT INFORMATION (COMPLETE ALL FIELDS IN THIS SECTION)

EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:			MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: MM/DD/YYYY	DATE OF HIRE: MM/DD/YYYY	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:	
FULL NAME: LAST, FIRST, MI					
MAILING ADDRESS:					
STREET		CITY		STATE	ZIP

2 EMPLOYER SIGNATURE

By signing this form, you are certifying that:

1. The employee named in Section 1 of this form was employed as a public safety officer, as defined below at the time of his/her separation from service, and
2. At least one of the following also applies:
 - He/She terminated employment as a result of disability or
 - He/She had reached the plan's Normal Retirement Age (NRA) prior to separating from service.

Public Safety Officer – For the purposes of this provision, a "public safety officer" is an individual who served a public agency in an official capacity, with or without compensation, as a law enforcement officer, a firefighter, a chaplain, or as a member of a rescue squad or ambulance crew.

Participant's Job or Position Title: _____

Participant's Last Day of Employment: MM/DD/YYYY _____

Authorized Employer Official's Signature: _____

Date: MM/DD/YYYY _____

Name and Title of Authorized Official (Please Print): _____

KEEP ONE COPY OF THE FORM FOR YOUR RECORDS AND RETURN ONE COPY TO THE PARTICIPANT.

- This form is used to obtain verification from the insurance carrier that the insurance policy shown in Section 3 is for accident insurance, health insurance, or qualified long-term care insurance.
- The insurance company should complete this form and return a copy to the participant (policy holder).
- For the participant's first request for payment from his/her 457 or 401 plan account on a specific policy, this form must be submitted along with the *Insurance Premium Direct Payment Request Form*.
- MissionSquare Retirement will send payments directly to the insurance company, according to the instructions provided in Section 2 of the form.

1 MISSIONSQUARE PARTICIPANT AND POLICY HOLDER INFORMATION (COMPLETE ALL FIELDS IN THIS SECTION)

EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:			MARITAL STATUS:
				<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: MM/DD/YYYY	DATE OF HIRE: MM/DD/YYYY	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
FULL NAME: LAST, FIRST, MI				
MAILING ADDRESS:				
STREET		CITY	STATE	ZIP

2 INSURANCE CARRIER INFORMATION

I hereby request a withdrawal in the amount of \$ _____ to be sent directly to the insurer named in Section 3 of this form to pay for qualifying insurance premiums.

Note: A maximum of \$3,000 annually may be withdrawn tax-free. For amounts in excess of \$3,000, a One-Time Payment Form is also required.

Please Note: In this case, any tax free portion will be sent in one check to the insurance carrier. The excess amount will be sent to the participant; tax withholding may apply.

Make Check Payable To: _____

Name of Insurance Carrier: _____ Federal EIN#: _____

Phone Number: _____

Insurance Carrier Mailing Address: STREET _____

CITY _____ STATE _____ ZIP _____

EMPLOYER PLAN NUMBER:

SOCIAL SECURITY NUMBER:

3 POLICY INFORMATION

As required by law, and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided is correct.

Full Name of Policy Holder: *LAST, FIRST, MI* _____

Policy Number: _____ Premium Amount Due: \$ _____

4 INSURANCE CARRIER SIGNATURE

By signing this form, you are certifying that:

1. You are an officer of the above named insurance carrier authorized to sign this agreement
2. The address for payments in Section 2 is accurate
3. The Policy indicated in Section 3 is for accident insurance, health insurance, or qualified long-term care insurance for the individual listed who also currently has outstanding premium payments due on the policy listed.

Authorized Official's Signature: _____ Date: *MM/DD/YYYY* _____

Name and Title of Authorized Official (*Please Print*): _____

Daytime Phone Number: _____

KEEP ONE COPY OF THE FORM FOR YOUR RECORDS AND RETURN ONE COPY TO THE PARTICIPANT.

- Eligible retired public safety officers may use this form to request a tax-free withdrawal of up to \$3,000 for the payment of qualifying insurance premiums.
- Return the completed form, along with other applicable forms (see instructions) to MissionSquare Retirement.
- Prior to submitting the form(s), please review the Additional Information section.

1 PARTICIPANT INFORMATION (COMPLETE ALL FIELDS IN THIS SECTION)

EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:			MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: MM/DD/YYYY	DATE OF HIRE: MM/DD/YYYY	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:	
FULL NAME: LAST, FIRST, MI					
MAILING ADDRESS: STREET CITY STATE ZIP					

2 WITHDRAWAL AMOUNT

I hereby request a withdrawal in the amount of \$ _____ to be sent directly to the insurer named in Section 3 of this form to pay for qualifying insurance premiums.

Note: A maximum of \$3,000 annually may be withdrawn tax-free. For amounts in excess of \$3,000, a One-Time Payment Form is also required.

Please Note: In this case, any tax free portion will be sent in one check to the insurance carrier. The excess amount will be sent to the participant; tax withholding may apply. Periodic payments are not offered.

3 POLICY INFORMATION

Insurance Carrier Name: _____ Policy Number: _____

Payment will be sent according to the payment instructions provided on the *Qualified Insurance Policy Verification Form*. If you have any changes, please provide an Insurance Policy along with your *Direct Payment Request Form*.

4 PARTICIPANT SIGNATURE

By signing this form, I acknowledge that I have received and reviewed the *Special Tax Notice Regarding Plan Payments* and the Additional Information section of this form. I understand that MissionSquare is not responsible for lapsed premiums or lapsed insurance policy coverage or any other coverage or benefit issue that may arise between me and my insurance carrier, and I further understand that MissionSquare is not responsible for any tax liability that may result from my requesting payments in excess of \$3,000.

I direct MissionSquare to process the payment request indicated on this form as soon as possible. As required by law, and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I provided for myself is correct.

Participant Signature: _____ Date: MM/DD/YYYY _____

I am a U.S. citizen: Yes No

Note: If you are married and withdrawing assets from a 401 plan, you and your spouse may also be required to complete the *Waiver of Qualified Joint and Survivor Annuity Form*. Check with your employer or MissionSquare for details.

KEEP ONE COPY OF THE FORM FOR YOUR RECORDS AND RETURN ONE COPY TO THE PARTICIPANT.

The below information may assist you with questions you have related to your withdrawal request.

Who qualifies as a public safety officer?

The term "public safety officer" means an individual serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, a firefighter, a chaplain, or as a member of a rescue squad or ambulance crew.

Who is eligible to receive tax-free withdrawals?

Eligible retired public safety officers include those who separated from service, either by reason of disability or after attainment of normal retirement age, as a public safety officer with the employer who maintains the eligible governmental plan from which the distribution to pay qualified health insurance premiums is allowed.

What types of insurance premium payments qualify for tax-free distributions?

Qualified insurance premiums include premiums for accident and health insurance or qualified long-term care insurance policies for an eligible retired public safety officer and his or her spouse and dependents.

\$3,000 Limit

The maximum amount that is permitted to be withdrawn tax-free by an eligible retired public safety officer is \$3,000 per year. This amount, used for the payment of qualifying insurance premiums, applies to distributions from all eligible governmental plans combined.

Requests in excess of \$3,000 (or any request that places annual distributions from your MissionSquare account(s) for the payment of qualifying insurance premiums to exceed \$3,000), will be subject to federal, and in most cases state, income taxes.

For amounts in excess of \$3,000 a separate *One-Time Payment Form* is required. Please Note: In this case, the tax free portion will be sent in one check to the insurance carrier. The excess amount will be sent to the participant; tax withholding may apply.

Taxation and Withholding Requirements

The information in this section is intended to summarize the tax withholding rules that apply to distributions in excess of \$3,000 (or any request that places your annual distributions for the payment of qualified insurance premiums above \$3,000).

Federal Tax Withholding

The Internal Revenue Code requires a mandatory 20% federal income tax withholding be applied to any withdrawal that qualifies as an eligible rollover distribution, unless the payment is transferred directly to an eligible plan. Generally, payments over and above the \$3,000 limit are considered eligible rollover distributions and will be subject to 20% federal tax withholding. Please review the *Special Tax Notice Regarding Plan Payments* for additional information regarding tax withholding and your ability to roll over assets to another eligible plan.

Non U.S. Citizens: Generally, nonresident aliens (individuals who are not U.S. citizens and residing outside of the U.S.) are subject to 30% federal tax withholding. A reduced rate, including exemption, may apply if there is a tax treaty between your country of residence and the U.S.

State Tax Withholding

Several states have mandatory tax withholding requirements. MissionSquare automatically withholds taxes for states which require withholding from retirement plan withdrawals and will honor requests for withholding in other states. Income taxation of payments from retirement plans varies from state-to-state. You should seek state tax advice from the appropriate state department of revenue if you have questions regarding state tax withholding requirements.

You are ultimately responsible for the payment of applicable federal and state income taxes on the distributions you receive.

Withdrawal Penalties

457 plan assets that remain in a 457 plan until paid are never subject to the 10% early withdrawal penalty tax. However, if you are withdrawing funds from a 401 plan or rollover assets from a 457 plan that originated from another type of account [e.g., 401, 403(b), Traditional IRA], these rollover assets may be subject to the 10% early withdrawal penalty tax.

Any amounts in excess of \$3,000 are potentially subject to taxes and penalties, and will be reported on a Form 1099-R, which you will receive in January following the year of the distribution,

Exceptions to the 10% Penalty

Situations that exempt you from the 10% early withdrawal penalty include (but are not limited to) the following:

1. Withdrawals on or after the day you turn 59½.
2. If the funds are rolled over into another eligible employer plan or IRA within 60 days of disbursement.

Additional exceptions to the 10% early withdrawal penalty are listed in the *Special Tax Notice Regarding Plan Payments*.

Paying Penalties

MissionSquare does not withhold any portion of your payment to cover any applicable IRS penalties. The calculation and payment of any penalty is your responsibility and will be carried out in the process of filing your tax return by completing IRS Forms 1040 and 5329. A useful source of information for all participants who make withdrawals from qualified plans is the current year's version of IRS

Publication 575, Pension and Annuity Income, which is available on the IRS Web site at www.irs.gov or by calling 800-829-3676.

After-Tax Assets (401 plans only)

If you have both pre-tax and after-tax assets in your account, the pre-tax assets will be withdrawn first. This will maximize the non-taxable benefit to you by using potentially taxable amounts before after-tax amounts. When your pre-tax assets have been exhausted, any remaining amounts needed to satisfy your withdrawal request will be taken from your after-tax assets.

VantageBroker

If your plan offers VantageBroker, any assets you have invested in the brokerage account will be excluded from your withdrawal request. In order to withdraw funds from your brokerage account, you must first transfer the assets back to your core account at MissionSquare.

Qualified Joint and Survivor Annuity

(Applies to Some 401 Plans Only)

If you are a married participant withdrawing assets from a 401 plan where the employer has selected the Qualified Joint and Survivor Annuity as the default form of payment, you and your spouse must also complete the *Waiver of Qualified Joint and Survivor Annuity Form*. This form is available by contacting MissionSquare.

LEGAL NOTICES FROM MISSIONSQUARE

The Pension Protection Act of 2006 (PPA) permits eligible retired public safety officers to exclude from gross income (up to \$3,000 annually) distributions from their retirement plan used to pay qualified health insurance premiums. This packet represents MissionSquare's understanding, based on information currently available, of the tax-free withdrawal provision added by the PPA, and is intended to provide eligible retired public safety officers a means by which to take advantage of the provision.

Future IRS guidance may require the information contained in this packet to be revised, and could potentially impact your eligibility to receive tax-free distributions from your MissionSquare retirement plan.

Waiver of Liability

By signing the *Insurance Premium Direct Payment Request Form*, you certify that the information provided therein is accurate and you agree to accept full responsibility for any unexpected federal or state tax liability, including any interest or penalties, you may incur as a result of your disbursement request, and you further release MissionSquare from any liability arising from the administration of payments to an insurer on your behalf.

The maximum income exclusion the IRS allows for the payment of qualified insurance premiums under this provision is \$3,000 per year (from all of your retirement plans combined). You are responsible for complying with this federal limit and for any consequences resulting from your failure to comply.

Further, by signing the *Insurance Premium Direct Payment Request Form*, you agree to accept full responsibility for any loss or lapse in insurance coverage or any other insurance coverage or benefit-related issue that may arise between you and an insurance provider or carrier as a result of your election to take advantage of this provision.



SUMMARY DESCRIPTION

This publication provides a summary of the rules governing the payment of funds from your MissionSquare 457 or 401 plan account. The actual rules governing your benefits are contained in state retirement laws and the federal tax code. This publication is a summary, written in less legalistic terms. It is not a complete description of the law. If there are any conflicts between what is written in this publication and what is contained in the law, the applicable law will govern.