



**COLORADO SPRINGS NEW HIRE PLAN
 SEPARATE RETIREMENT ACCOUNT (SRA) DISTRIBUTION
 Payment Option Selection**

Part A - General Information

_____	_____	_____
Applicant's Last Name	First Name	Middle Initial
_____	_____	(____)____-____
Mailing Address	Apt #	Home Phone Number
_____	_____	(____)____-____
City	State	Zip
_____	_____	Work Phone Number
_____ - _____ - _____	____/____/____	_____@_____
Social Security Number	Date of Birth (mo/day/yr)	E-mail address
____/____/____	_____	_____
Retirement Date (mo/day/yr)	Employer	

Part B - Election of Payment Option

Each of the following elections will have various tax consequences, depending on your particular situation. Please seek qualified tax advice before making your selection.

No payments will be made until all contributions have been received and the final monthly investment returns have been allocated. Periodic payments are not guaranteed for life and are made for as long as there is money in your SRA.

CHECK ONLY ONE - Then sign your name and have it notarized on the bottom of page 2.

1 _____ Lump sum

You elect to have 100% of your account balance paid directly to you. (Please complete the W-4P Form.)

2 _____ Periodic installments

You elect periodic installments of a specified and substantially equal amount, payable monthly over a period not to exceed the joint life expectancy of you and your Qualified Surviving Spouse. This maximum period shall be determined under the applicable actuarial tables being used by FPPA at the time the initial monthly installment payment becomes payable.

Options continue on next page.

3 _____ Rollover to an Eligible Retirement Plan

You elect to have 100% of your account balance paid as a direct rollover. (Please complete the Withholding/Rollover Election Form.)

4 _____ Combination of lump sum and periodic installments

An initial lump sum payment of \$ _____ paid directly to you - the balance to be paid in periodic installments of a specified and substantially equal amount, payable monthly over a period not to exceed the joint life expectancy of you and your Qualified Surviving Spouse. This maximum period shall be determined under the applicable actuarial tables being used by FPPA at the time the initial monthly installment payment becomes payable.

5 _____ Combination of lump sum and rollover to an Eligible Retirement Plan

An initial lump sum payment of \$ _____ paid directly to you - the balance to be paid as a direct rollover. (Please complete the Withholding/Rollover Election Form.)

Part C - Investment Rate Election - For Options 2 and 4 Only

Investment Rate – *Your designation is an irrevocable decision.*

_____ FPPA Short-Term Investment Fund Rate

_____ FPPA Total Fund Rate (the total rate realized by FPPA investments)

Member's Full Legal Signature

_____/_____/_____
Date (mo/day/yr)

Part D - Notarization - For Notary Use Only

For Notary Use Only

STATE OF _____ }
COUNTY OF _____ } ss

Subscribed and sworn to before me this _____ day of _____, year of _____.

Witness my hand and official seal.

My commission expires: _____ / _____ / _____ .

Notary Public Signature
SEAL