

**DISTRIBUTION ELECTION FORM**

Company name: CATOOSA COUNTY GOVERNMENT

Participant Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Section I – Direct Rollover Election

A. Direct Rollover Notice

You are entitled to a distribution from the retirement plan(s) of the Company named above. This distribution can be:

- Paid to you directly,
- Paid in a Direct Rollover to an individual retirement arrangement or to a defined contribution plan of another employer, or
- Paid in part to you directly and in part as a Direct Rollover.

The part of the distribution paid to you directly is subject to federal income tax withholding at the rate of 20%. The part of the distribution paid as a Direct Rollover is not subject to withholding. For more information regarding the tax consequences of your distribution, read the enclosure, “Special Tax Notice Regarding Retirement Plan Distributions”.

B. Distribution Election (Check one)

- \_\_\_\_ 1. Pay the distribution directly to me. I understand that 20% federal income tax will be withheld. (If you checked this option, go to Section III).
- \_\_\_\_ 2. Pay the distribution as a Direct Rollover. (If you checked this option, go to Section II).
- \_\_\_\_ 3. Pay \$\_\_\_\_\_ (indicate dollar amount or percentage) of the distribution directly to me, withholding 20% federal income tax, and \$\_\_\_\_\_ (indicate dollar amount or percentage) of the distribution as a Direct Rollover. (If you checked this option, go to Section II).

SECTION II – Selection of IRA or Employer Plan

A. Information Regarding Rollover

Because you chose either Option 2 or 3 in Section I, please specify the individual retirement arrangement (IRA) or employer plan, which you have selected.

A check will be made payable to the IRA or employer plan but will be delivered to you. Therefore, you are responsible for delivering the check to the Trustee of the IRA or the employer plan.

B. Selection of IRA or Employer Plan (If you chose Option 2 or 3 in Section I, check one and provide the information requested).

\_\_\_\_\_ IRA. Contact the financial institution you selected for you IRA and find out the name of the Trustee as it should appear on the check.  
Indicate here:

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\_\_\_\_\_ Employer Plan. Indicate name of Plan:

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Go to Section III.

SECTION III

I hereby certify that the information I have entered on this form is true, correct and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Participant Signature