



**RSP Post Retirement/Ad Hoc Distribution Form**  
**Voya: 626701 TIAA: 100825**

**PART 1 (print or type)**

|                       |  |  |  |
|-----------------------|--|--|--|
| Name                  |  | Member ID #  |  |
| Street Address        |  | SSN/TIN #  |  |
| City, State, Zip Code |  | Date of Birth  |  |
| Email Address         |  |  |  |
| Daytime Phone         |  | Tax Status:<br><input type="checkbox"/> (1) U.S. or Lawful Permanent Resident (LPR)<br><input type="checkbox"/> (2) Non-LPR meeting the Substantial Presence Test<br><input type="checkbox"/> (3) Non-resident Alien residing in foreign country ⇒ Complete <b>W8-BEN</b><br>Tax forms are available at <a href="http://www.surs.org/tax-forms">www.surs.org/tax-forms</a> |  |

**Part 2 – Distribution Source (where would you like to take your distribution from)**

**TIAA**

|             |             |
|-------------|-------------|
| TIAA Number | CREF Number |
|-------------|-------------|

Please check one of the following Options:

OPTION 1: I request a distribution of 100% of my plan assets at TIAA.

OPTION 2: I request a distribution of the following plan assets at TIAA (check one or both).  
 100% Pre-tax     100% After-Tax

OPTION 3: I request a distribution of the following plan assets at TIAA in the specified amounts or percentages.

| Fund Name / Number | Amount / Percentage |
|--------------------|---------------------|
|                    |                     |
|                    |                     |
|                    |                     |

**Voya**

Please check one of the following Options:

OPTION 1: I request a distribution of 100% of my available plan assets at Voya.

OPTION 2: I request a distribution of the following available plan assets at Voya (check one or both).  
 100% Pre-tax     100% After-Tax

OPTION 3: I request a distribution of the following available plan assets at Voya in the specified amounts or percentages.

| Fund Name / Number | Amount / Percentage |
|--------------------|---------------------|
|                    |                     |
|                    |                     |
|                    |                     |

*Continued on Reverse Side*

**PART 3 – Select Distribution Type (Read Options carefully before making your election)**

**Direct Rollover Distribution**

If you wish to authorize a direct rollover of your RSP distribution to another eligible retirement plan or IRA, complete this section. Direct rollovers are limited to eligible retirement plans or IRAs located within the United States.

I hereby authorize a direct rollover of the portion of my RSP distribution that qualifies as an eligible rollover distribution. I will receive direct payment for any portion of the distribution that is not eligible for direct rollover (such as Required Minimum Distributions). I understand the amount directly rolled over will not be subject to any federal income tax withholding, nor will it be taxable at this time, unless it is rolled over to a Roth IRA.

|   |                |
|---|----------------|
| Name of Institution   | Account Number |
| Mailing Address   |                |
| (Check one): <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Governmental 457(b) Plan <input type="checkbox"/> Employer 401(k) or 401(a) Plan                                     |                |
| <input type="checkbox"/> 403(b) Tax Sheltered Annuity <input type="checkbox"/> Simple IRA ⇒ Complete <b>SIMPLE IRA Certification</b> ( <a href="http://www.surs.org/forms">www.surs.org/forms</a> ) |                |
| <input type="checkbox"/> Roth IRA* <input type="checkbox"/> SEP IRA   |                |

\*May be considered a taxable event when the payment is processed but no federal income tax will be withheld from the payment.

**Individually Paid Lump-Sum Cash Distribution**

If you mark this section, 100 percent of your RSP distribution will be mailed to the address listed in Part 1. A mandatory 20 percent tax withholding may be deducted from the taxable portion of the distribution if you marked Box (1) or (2) under Tax Status unless the gross distribution is less than \$200. If you marked Box (3) under Tax Status, then the distribution will be subject to 30 percent tax withholding, unless you claim a reduced rate of withholding under a tax treaty on IRS Form W-8BEN.

|  |
|--|
| <b>Additional Withholding</b> ⇒ I elect to have an additional \$ _____ withheld for federal income taxes (optional). |
|--|

**PART 4 – Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person.

In lieu of Items 2 and 3, if I am not a U.S. citizen or other U.S. person and am subject to backup withholding as a non-resident alien, then I certify that the statements in the attached Form W-8BEN are, to the best of my knowledge and belief, true, correct, and complete.

My name and resident address are correct and I have received the Special Tax Notice regarding my rollover options under governmental 401(a) plans and choose the elections shown above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

|                           |              |
|---------------------------|--------------|
| <b>Written Signature:</b> | <b>Date:</b> |
|---------------------------|--------------|

**Mail original application to: SURS, 1901 Fox Drive, Champaign, IL 61820-7333**  
**Faxes will not be accepted      Toll free-(800) 275-7877      Direct-217/378-8800**

**PART 5 – For SURS use only**

|                                   |                      |              |
|-----------------------------------|----------------------|--------------|
| <b>SURS Authorized Signature:</b> | <b>Phone Number:</b> | <b>Date:</b> |
|-----------------------------------|----------------------|--------------|