CITY OF MADISON HEIGHTS
POLICE AND FIRE RETIREMENT SYSTEM

REQUEST FOR WITHDRAWAL OF ACCUMULATED CONTRIBUTIONS AND DISTRIBUTION DESIGNATION

Name: Jason Seitz
Address: 60257 Stonecrest Drive
Washington Twp, MI 48094
Social Security Number: [redacted]-4249
Date of request: 8/1/2022

To the Board of Trustees of the City of Madison Heights Police and Fire Retirement System:

As a result of my separation from employment effective 6/19/2022, I will be eligible on that date for the withdrawal of my accumulated contributions and interest standing to my credit in the Retirement System. Pursuant to the provisions of the Retirement System, I hereby request a withdrawal from my account as follows:

_____ I request that full payment be made to me. I acknowledge that twenty percent (20%) of the taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations. (**Note: The Retirement System is not required to withhold tax on distributions less than $200.00.**)

✓ JS I request that ALL of the taxable portion of the funds in my accumulated contribution account be forwarded to the plan listed herein as a direct rollover/direct transfer and the balance, consisting of employee contributions contributed on an after-tax basis (non-taxable amount), paid to me. I acknowledge that because of this direct rollover no portion will be withheld for Internal Revenue requirements.

Name of Recipient Plan City of Madison Heights - Mission Point 457
Account No. 300973
Address Attn: Work Flow Management Team PO Box 96220
City, State and Zip Code Washington DC, 20090-6220

Representatives of the above-named company have assured me that the direct rollover/transfer amount will be deposited in an eligible retirement plan including an individual retirement arrangement qualified under IRC section 408(a) or (b) or IRC Section 408A; a plan qualified under IRC section 401(a), including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; an IRC section 403(a) annuity plan; an IRC section 403(b) tax-sheltered annuity; and an eligible IRC section 457(b) plan maintained by a governmental employer.
I acknowledge receipt of a Special Tax Notice provided to me pursuant to Section 402 of the Internal Revenue Code. I understand that I have the right to a period of at least 30 days, after receipt of the Notice to consider the decision of whether or not to elect a direct rollover.
I acknowledge that the Retirement System will issue appropriate 1099R forms for the distribution of the funds from the Defined Benefit Plan.

I hereby release the Employer and the Board of Trustees of the Retirement System from any and all liability relative to the aforesaid amounts upon the forwarding of the amounts as directed by me. I have made appropriate arrangements with the forenamed financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid amounts forwarded/transferred consistent with this document. I acknowledge that representatives of the City and Retirement System do not give tax advice and that I will consult with a tax advisor of my choice.

Signature of Witness

Signature of Member

60857 Stonecrest, Washington MI 48094
Address of Witness

Jason Seitz
Name of Member

For Retirement System use:

Annuity Reserve Account

Principal	$ 29237.61
Interest	$ 890.71
Total	$ 30128.32

Amounts and distribution
Calculated by: YMK
Verified by:
Payment date: