

**Public Employers Retirement Trust**  
**Deferred Compensation**  
**Application for Withdrawal**

**Print Name:**

**Employer:**

**Part A: Reason for Withdrawal**

I hereby request a withdrawal of my monies from the Public Employers Retirement Trust due to:

**Termination of Employment**

**Disability**

**Retirement**

**Death of participant**

**Transfer to another retirement plan approved by the employers' plan  
(please include rollover instructions.)**

**Part B: Method of Distribution**

I hereby request that any benefit to which I am entitled under the Plan to be paid in the following manner:

**One lump sum or portion thereof, \$ \_\_\_\_\_**

**Periodic payments for a designated period**

**\$ \_\_\_\_\_ per month / quarter / year (circle one)**

**\*\*NOTE: any distribution payable over a period of more than one year can only be made in substantially non-increasing amounts (paid not less frequently than annually)**

**Rollover to an Individual Retirement Account.**

**\*\*NOTE: This option is only available after you have terminated employment with the employer that offered the plan. Please provide rollover instructions including name of new investment, address, and account number.**

**Delayed distribution**

**\*\*NOTE: must be elected within the sixty (60) day period following the participants termination of employment; it may be a specific future date, the attainment of a specific age by the participant, or the attainment of Normal Retirement Age.**

**Part C: Delayed Distribution Election**

I hereby elect to delay distribution of any amounts payable to me from the Public Employers Retirement Trust Until:

**A specific future date (not later than April 1 of the calendar year following the year you reach age 70 1/2) Future Date: Day \_\_\_\_\_ Year \_\_\_\_\_**

\_\_\_\_ Upon my attaining age \_\_\_\_\_ (not later than 70 1/2)

\_\_\_\_ Upon my attaining normal retirement age (age \_\_\_\_\_)

I hereby understand and acknowledge that this election, once made, can only be changed once.

**Part D: Signatures**

I understand that all distributions paid to me are reported as taxable income in the year distributed.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Participant or Beneficiary Signature**

\_\_\_\_\_  
**Street address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Social Security Number**

Date: \_\_\_\_\_

**PLAN TRUSTEE**

\_\_\_\_\_  
**Plan Trustee Signature**

\_\_\_\_\_  
**Plan Trustee Title**

\_\_\_\_\_  
**Entity**

**Note: The Plan Trustee's signature is required on this document in order for our office to process your request. This form will be returned if not completed properly. Send completed forms to: PERT**

**148 E. Grand River Ave., Suite 209  
Williamston, MI 48895**