COUNTY OF RIVERSIDE
TEMPORARY/PART-TIME EMPLOYEES'
401(A) RETIREMENT PLAN

Monthly Retirement Benefit Distribution Request Form

Retirement Department (951) 955-4981, Option 2 • Fax (951) 955-8538 • Email Retirement@rivco.org

---

SECTION I **Participant Information**

	- -
Participant Name	Social Security No

Mailing Address	City, State, & ZIP	Check Here if New Address

Birth Date (mm/dd/yyyy)	Date of Hire (mm/dd/yyyy)

( )	( )
Daytime Phone	Evening Phone

Email Address

SECTION II **Participant Authorization**

Please read the following information and sign below to certify your distribution election.

IRS regulations require us to give you at least 30 days from the date you receive this notice to decide how you want your retirement benefit distributed. You may be able to receive your benefit sooner if you waive this right. Please note that it generally takes at least 30 days to process the Retirement Plan distributions. If you wish to waive the 30-day waiting period to receive your benefit, please initial here: _____.

Your signature below certifies that you received this *Monthly Retirement Benefit Distribution Request Form* at least 30 days before your retirement plan distribution date or that you waive the 30-day waiting period and elect to receive your distribution as soon as administratively possible. It further certifies that prior to making my election and signing this form, I understand that it is my responsibility to confer with my tax advisor as to my tax withholding election.

Participant Signature	Date (mm/dd/yyyy)

Note: In the event that you should pass way after retirement payments have begun, all payments from the plan will cease. This plan has no provision for a continuance to a surviving beneficiary.

Mail, Fax or Email Form to:	County of Riverside • Human Resources Retirement Division • P.O. Box 1569 • Riverside, CA 92502-1569 • Fax (951) 955-8538 • Email Retirement@rivco.org

VER 042023   G:\BENE-REC\Retirement\401ATEMP\Forms\Monthly Distribution_2023.doc

SECTION III Tax Withholding Election

I understand that if I elect not to have federal income tax withheld, I am still liable for the payment of federal income tax on the taxable portion of my distribution. I am also aware that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Please tell us about your citizenship and residency:

☐ I am a citizen of another country and live in the United States.

☐ I am a citizen of the United States and live in the United States.

☐ I am a citizen of the United States and live in another country.

☐ I am a non-resident alien.
     Provide your country of citizenship and legal residency.

Country of Citizenship	Country of Legal Residency

Federal Income Tax Withholding Election

Step 1: Please choose only one.

☐ Do not Withhold federal income tax
     (Skip to California State Tax Withholding Election if you choose not to withhold federal income tax.)

Withhold federal income tax based on the tax tables for:

☐ Single or Married – Filing Separately
☐ Married – Filing Jointly or Qualifying Widow(er)
☐ Head of Household

Complete the next boxes ONLY if they apply to you; otherwise, skip to California State Tax Withholding. For more information on each step, please refer to the General Instructions provided on the IRS website www.irs.gov/formW4P.com

Step 2: Income from a Job and/or Multiple Pensions/Annuities (Including a Spouses' Job / Pension/ Annuity)		
Complete this step if you: • have income from a job or more than one pension/annuity; or • are married filing jointly and your spouse receives income from a job or a pension/annuity. a) **Job income**. If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" .... \$_____ . b) **Other Pension and Annuities**. If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" .... \$_____ .		
c) **Total: Add the amounts from items (a) and (b) and enter the total here**................................. >	2	\$_____ .
TIP: • To be accurate, submit a W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. • If Step 2(a) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.		

Step 3: Claim Dependent and other Credits If your total income will be $200,000 or less ($400,000 or less if married filing jointly): a) Multiply the number of **qualifying children** under age 17 by $2,000 ……………….$_____ . b) Multiply the number of **other dependents** by $500 …………..……………………$_____ . c) Add **other credits,** such as foreign tax credit and education tax credits ……………$_____ . Add the amounts for qualifying children, other dependents, and other credits and enter the total here…………………………………………………………………………………>	**3**	$_____ .
Step 4: Other Adjustments (Optional) **a)** **Other Income** (not from jobs or pension/annuity payments. If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends …………………………………….>	4(a)	$_____ .
b) **Deductions.** If you expect to claim deduction other than the basic standard deduction and want to reduce your withholding, enter the amount of deductions here ……………………………………>	4(b)	$_____ .
c) **Extra withholding.** Enter any additional tax you want withheld from each payment ………………>	4(c)	$_____ .

California State Income Tax Withholding Election

I understand that if I elect not to have California income tax withheld, I am still liable for the payment of California income tax on the taxable portion of my distribution. I am also aware that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate.

Please choose only one.

☐ Do not Withhold State of California income tax

Withhold State of California income tax based on the tax tables for:
(State withholding is optional for out-of-state residents)

☐ Single or Married – (with two or more incomes)……Number of allowances: _____
☐ Married (one income)…………………………………Number of allowances: _____
☐ Head of Household…………………………………….Number of allowances: _____

Additional amount, if any, you want withheld from your pension or annuity payment $_____
(Note: You cannot enter an amount here without entering a filing status and the number, including zero, of allowances)

Designated amount you would like to withhold from each pension or annuity program $_____ .

Participant Name (please print)	Participant Signature	Date (mm/dd/yyyy)

Mail, Fax or Email Form to:	County of Riverside • Human Resources Retirement Division • P.O. Box 1569 • Riverside, CA 92502-1569 • Fax (951) 955-8538 • Email Retirement@rivco.org