

**CLACKAMAS COUNTY  
DEFERRED COMPENSATION PLAN  
PAYOUT REQUEST**

EMPLOYEE NAME	EMPLOYEE ID
MAILING ADDRESS	SOCIAL SECURITY
CITY, STATE, ZIP	BIRTHDATE

**PROVIDER:**                     CFCU

**TYPE OF REQUEST:**

- |  |  |
|--|--|
| <input type="checkbox"/> TERMINATION OF EMPLOYMENT (DATE: _____)   | <input type="checkbox"/> RETIREMENT (DATE _____)                                     |
| <input type="checkbox"/> FINANCIAL HARDSHIP WITHDRAWAL (LUMP SUM)  | <input type="checkbox"/> DEATH OF PARTICIPANT<br>(Attach copy of Death Certificate.) |
| <input type="checkbox"/> ONE-TIME IN-SERVICE WITHDRAWAL (LUMP SUM)<br>This option is available only if your account balance is \$5000 or less, you have not made contributions to your account for at least two years, and you have not previously made an in-service withdrawal (other than a hardship withdrawal). |  |
| <input type="checkbox"/> ROLLOVER TO QUALIFIED PLAN  | <input type="checkbox"/> ALTERNATE PAYEE PAYOUT                                      |

**BEGINNING DATE/METHOD OF PAYMENT.** Beginning \_\_\_\_\_, I elect to receive a payout/rollover of my deferred compensation account as follows:

- LUMP SUM        \$\_\_\_\_\_ (specify amount if not entire account balance)
- EQUAL PAYMENTS (MINIMUM \$25) TO BE PAID OVER A \_\_\_\_\_- YEAR PERIOD, OR UNTIL THE ACCOUNT IS EXHAUSTED:
- MONTHLY             QUARTERLY             SEMI-ANNUALLY             ANNUALLY
- FLAT AMOUNT OF \$\_\_\_\_\_ (MINIMUM \$25) TO BE PAID UNTIL THE ACCOUNT IS EXHAUSTED (CFCU ONLY):
- MONTHLY             QUARTERLY             SEMI-ANNUALLY             ANNUALLY
- OTHER METHOD AVAILABLE THROUGH PROVIDER

**PAYMENT SHOULD BE MADE BY:**

- DIRECT DEPOSIT (ATTACH DEPOSIT SLIP) NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_
- CHECK PAYABLE TO PARTICIPANT/BENEFICIARY (AS LISTED ABOVE)
- DIRECT ROLLOVER TO: PROVIDER NAME: \_\_\_\_\_
- ADDRESS: \_\_\_\_\_

**Withhold Taxes:**        \_\_\_\_\_ **Federal**        \_\_\_\_\_ **State**

**ACKNOWLEDGMENT.** I understand that

- this distribution may represent a sum of money less than the actual amount deferred and invested due to reductions by sales and administrative charges, current market values and other factors;
- any distributions (other than a qualified rollover) must be reported as income in the year received;
- this request is subject to review for compliance with current IRS rules and regulations.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Clackamas County \_\_\_\_\_ Date \_\_\_\_\_