



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

DISCONTINUED RETIREMENT SERVICE PROGRAM (DRSP)

AT DRSP EXIT - DISTRIBUTION PAYMENT OPTION ELECTION FORM FOR ELIGIBLE GROUP F MEMBERS OF THE EMPLOYEES' RETIREMENT SYSTEM OF MONTGOMERY COUNTY WHO ELECTED THE CASH OPTION AT DRSP ENTRY

_____ % *Direct Rollover to an eligible retirement plan*

Full Name of Plan _____

Address of Plan _____

Account Number _____

_____ % *Lump sum payment to me. I understand that the taxable portion of my distribution will be subject to the mandatory 20% Federal income tax and, if applicable, the 10% early penalty and/or any state tax withholding.*

I understand that this election is irrevocable and that I am encouraged to seek the advice of a professional tax advisor or financial consultant. I acknowledge that I have read the Special Tax Notice and have been advised of the tax consequences of my distribution. I further understand that my DSRP account must be closed within 60 days of my exiting the program.

DRSP Exit Date: _____

Employee Name (Print)

SSN

Employee Signature

Date

Montgomery County Authorized Signer

Date

02/13

Montgomery County Employee Retirement Plans

101 Monroe Street, 15th Floor • Rockville, Maryland 20850
Investments 240.777.8220 Benefits 240.777.8230 Fax 301.279.1424