Los Rios Community College District Application for PARS ARS 457 Plan Distribution

This form must be completed in full (Steps 1 - 4) for account balance from the PARS ARS 457 plan to be received.

Step 1.) Personal Information of Employee/Participant (Please PRINT)

Socia	al Security Number:			
Lega	I Name (as noted on Social Security card):			
Addr	ess:			
City:		State:	Zip:	
Phone ()		Date of Birth:		
Step	2.) Eligibility/Qualifying Event	for PARS ARS 457 Plar	Distribution	
Seleo plan requ	ct one of the following events that o account (the below event must hav ired make sure to attach appropriat	qualifies for eligibility for /e taken place in order fo te documentation.	distribution of the PARS A r an account distribution to	RS 457 o occur), if
	Terminated employment with the Los Rios Community College District			
	Retired from PERS/STRS, select one	e: PERS 🗖 or STRS 🗖	Ì	
	Switched to another retirement plan, select one: PERS or STRS (If the participant is still employed by the District, a distribution may only occur if the account balance is less than \$5,000 and the participant has had no deferrals into the plan for a period of 24 consecutive months.)			
	Became permanently and totally disabled (required: attach legal document from government)			
	Deceased (required: attach copy of death certificate)			
Step	o 3.) Effective Date			
Effec	tive date of above event:(Mo	nth/Day/Year)		
<u>Step</u>	o 4.) Mail or drop off form to:	Los Rios Community Human Resources, 1919 Spanos Court Sacramento, CA 958	Attn: PARS	
For a	questions, contact your Human I	Resources Specialist at	(916) 568-3107.	
For	[•] Human Resources use <u>ONLY</u> :			
Plar	n Administrator or Authorized Person:		Date:	
1				

If deceased: Copy of Beneficiary Designation attached

No Beneficiary Designation Form was submitted