



# Town of Ellington Money Pension Plan Withdraw Request

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Amount of Withdrawal  Full  
 Partial Amount \$ \_\_\_\_\_

Required Minimum Distribution  Yes  No

### Type of Withdrawal

One-Time Cash Withdrawal

Installment

Annually  Semi Annually  Quarterly  Monthly

Start Month \_\_\_\_\_ \*Start Day \_\_\_\_\_ Start Year \_\_\_\_\_

\*Installment RMD's ONLY process on the 15<sup>th</sup> of the month

Rollover

Note: Required Minimum Distributions cannot be rolled over and if required will be paid to you.

### Banking Information for Direct Deposit:

Checking  Savings

ABA # \_\_\_\_\_ Account Number \_\_\_\_\_





# Town of Ellington Money Pension Plan Withdraw Request

## Rollover Information:

Type of Account (receiving account):

Traditional IRA     Roth IRA     Employer Sponsored Plan

Account Number \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mail Check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Tax

Withholding: (Not applicable to rollovers)

Federal Tax Withholding:

**DO NOT** withhold any federal income tax unless mandated by law

**DO** withhold federal taxes \$ \_\_\_\_\_

(Note: This amount is in **addition** to the standard federal withholding rate applicable to your distribution.)

State Tax Withholding:

**DO NOT** withhold any state income tax unless mandated by law

**DO** withhold State taxes \$ \_\_\_\_\_ OR % \_\_\_\_\_

(If you make this election, a dollar amount or percentage must be specified and cannot be less than any required withholding.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

