MEBA - 401(k) Plan

1007 Eastern Avenue, Baltimore, MD 21202-4345
(410) 547-9111 or (800) 811-MEBA (6322)

FULL PAYOUT APPLICATION

Part 1: Employee Information

Social Security #: ☐☐☐-☐☐-☐☐☐☐ Date of Birth: ☐☐-☐☐-☐☐☐☐ (Month, Day & Year)

First Name & M.I.: Last Name:

Street Address: Apt. No. : New Address: ☐ Yes ☐ No

City: State: ☐☐ Zip: ☐☐☐☐☐-☐☐☐☐

Daytime Phone: ☐☐☐-☐☐☐-☐☐☐☐ Evening Phone: ☐☐☐-☐☐☐-☐☐☐☐

Do you currently have any outstanding loans with Fidelity? ☐ **Yes** ☐ **No**

Please check the appropriate type of transaction:

☐ **Termination of Employment** ☐ **Retirement** ☐ **Disability**

Event Date: ☐☐-☐☐-☐☐☐☐ (Month, Day & Year)

Part 2: Method of Payment, choose one:

☐ **Defer Payment** Only if your account balance is greater than $1,000.

☐ **Installments** Pay my account out over a period of 36 months, 60 months, or 120 months

☐ **Liquidate entire account- Indicate below the percentage to be rolled over and/or the percentage to be paid out. The total must equal 100%.**

- **Rollover** I would like to rollover the following percentage of my taxable portion of this distribution: ☐☐☐ %

  Choose only one:

  ☐ Fidelity Rollover IRA (Application available in the Retiree Distribution Options Guide-if this option chosen, must be completed)

  ☐ Qualified Retirement Plan at another Employer

  ☐ IRA Outside Fidelity Name of Outside IRA Trustee or Qualified Plan Sponsor: _____

  ****Check will be made payable to the new IRA Trustee or Qualified Plan Sponsor, but must be mailed to the address you have on file with the Plan Office. It will be your responsibility to forward the check to the outside IRA Trustee or Qualified Plan Sponsor. IRS guidelines require that you rollover your distribution within 60 days to an eligible plan to avoid tax penalties. ****

  Date account established ☐☐-☐☐-☐☐☐☐ (Month, Day & Year)

  NOTE: No taxes will be withheld from the taxable portion of the distribution that is rolled over into another Qualified Plan or IRA.

- **Payout** I would like the following percentage of my taxable portion of this distribution in a check payable to me: ☐☐☐ %

  Please withhold ☐☐☐ % federal taxes. (If you do not indicate a higher percentage, a minimum of 20% federal taxes will be withheld).

  Distribution may be subject to a mandatory withholding of state taxes. ☐ Do **Not** withhold state taxes (or) ☐ **Do** withhold state taxes

  NOTE: If you do not roll over 100% of your withdrawal into another Qualified Plan or IRA, 20% federal tax and applicable state taxes, if required, will be withheld from the taxable portion of the distribution eligible for rollover but not rolled over into another Qualified Plan or IRA.

Part 3: Signatures

_____ _____

SIGNATURE **DATED**

_____ _____

PLAN OFFICE APPROVAL **DATED**