



# Oakland Unified School District

## Supplemental Annuity Plan for Classified Employees

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### **Please submit the following documents with your application for benefits:**

- Copy of your Birth Certificate (see below for alternative documents)
- Copy of Marriage Certificate
- Copy of your current driver's license or current state I.D. (with photo)
- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreement and any similar or related orders with any attachments)
- If you have ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers and the Credit for Uniformed Service for the United States Form. If you never served, please indicate so in a brief, written statement

### **PROOF OF AGE**

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record certified by the custodian of such record.
12. Vaccination record certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

**OUSD SUPPLEMENTAL ANNUITY PLAN APPLICATION FOR CLASSIFIED EMPLOYEES**

Please read each question carefully and answer *all* questions to avoid delays in processing.

Participant Name: \_\_\_\_\_  
First Middle Last

SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Hire Date: \_\_\_\_\_ Last Date Worked: \_\_\_\_\_

**Eligibility for Distribution:** (Circle One) Separation from Service Disability Retirement

Separation from Service means the first day of the month next following the person's quit, discharge, retirement, or such other event as may be specified in the applicable provisions of the California Education Code which results in the cessation of employment with the School District.

Disability Retirement refers to a Participant who terminates employment due to Permanent and Total Disability in accordance with criteria established by the Oakland Unified School District.

I understand that benefits paid to me are subject to a required 20% federal income tax withholding and a Direct Rollover to an IRA or another qualified retirement plan is not taxed until I take it out of the IRA or retirement plan. I understand that if I am under age 59 ½, I may have to pay an additional 10% tax. I acknowledge receipt of the "Special Tax Notice Regarding Plan Payments" which explains these rules. I further understand that the Administrative Office does not provide tax advice and that I should consult my own tax advisor. I understand that when I receive distribution, I will be credited with net investment earnings through the quarter prior to the time the distribution is made and that my account will experience market fluctuations, either negative or positive. I certify under penalty of perjury that the information provided on this form is correct.

**\*NOTE: YOUR SIGNATURE MUST BE NOTARIZED\***

\*unless you bring this application to the Trust Fund Office to have your signature witnessed. If you wish to come to the Office, please call and make an appointment. You must bring a valid picture ID.

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

Administration Office Witness Signature \_\_\_\_\_ ID/CDL \_\_\_\_\_

**\*If notarized, please attach the Notary All-Purpose Acknowledgment.**

**TO BE COMPLETED BY OAKLAND UNIFIED SCHOOL DISTRICT ONLY. Form will be forward to the School District by the Trust Fund Office.**

Authorized  
Signature \_\_\_\_\_ DATE \_\_\_\_\_

## **DECLARATION OF MARITAL STATUS**

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your Annuity benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

### **PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced ☐ Widow ☐ Other

### **CURRENT SPOUSE INFORMATION:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

### **FORMER SPOUSE INFORMATION:**

Name: (if none, please indicate NONE): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_

Marriage terminated due to: \_\_\_\_\_  
(Death, divorce, other, please specify)

Name (if changed and address (if living): \_\_\_\_\_

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**IF YOU HAVE HAD MORE THAN ONE PRIOR MARRIAGE, PLEASE ATTACH A SEPARATE PAPER PROVIDING THE INFORMATION REQUESTED ABOVE FOR EACH SUCH MARRIAGE.**

**Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Order, and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.**

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**\*NOTE: YOUR SIGNATURE ON THE FOLLOWING PAGE  
MUST BE NOTARIZED\***

**Declaration of Marital Status – cont.**

**I CERTIFIED THAT ALL OF THE INFORMATION PROVIDED ON THE DECLARATION OF MARITAL STATUS FORM IS COMPLETE AND ACCURATE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY NOTARY PUBLIC**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(insert name and title of the office)

Personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

## ELECTION OF PAYMENT OPTIONS

### CASH DISTRIBUTION

☐ I choose to have my benefit paid to me as follows:

☐ **Total Lump Sum**

☐ **Partial Lump Sum** in the amount of \$ \_\_\_\_\_ (indicate amount).

This option is available Once per Calendar Year. Your account balance must be over \$5,000 and the maximum you can take is up to 50% of your account balance.

☐ **Monthly payment** (account balance must be over \$12,000). I request a monthly payment in the amount of \$ \_\_\_\_\_ (must be at least \$500).

*Please refer to the Plan Rules for a description of your options.*

**FEDERAL Income Tax Withholding** - I understand that any portion of the amount distributed to me is subject to 20% income tax withholding.

**STATE Income Tax Withholding** - To be completed if you are taking any form of cash distribution and reside in the State of California.

☐ I WANT State of California income tax withheld as follows:

☐ 10% of the amount withheld for Federal Income Tax or

☐ Sum of \$ \_\_\_\_\_

☐ I DO NOT want State of California income tax withheld.

### DIRECT ROLLOVER

☐ I choose to have my benefit rolled over to an IRA or a Qualified Retirement Plan:

☐ Total account balance

☐ \$ \_\_\_\_\_ (\$500 or more) of my eligible rollover be distributed as a direct rollover to:

**Name of Trustee/Custodian:** \_\_\_\_\_ **Account No.:** \_\_\_\_\_

**Name of Institution to be paid:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# DIRECT DEPOSIT REQUEST

(FOR MONTHLY INSTALLMENTS ONLY)

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, the undersigned, hereby authorize the Board of Trustees of the Oakland Unified School District Trust Fund ("the Annuity Plan") to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Annuity Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Annuity Plan any amounts paid after my death.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**In order for this request to be processed for the current month, the direct deposit form must be received before the 15<sup>th</sup> of the month.**

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**The following is to be completed by the Financial Institution**

## AGREEMENT OF FINANCIAL INSTITUTION

The Financial Institution named below agrees to accept for deposit in the account specified below, benefit checks payable by the Oakland Unified School District Trust Fund ("the Annuity Plan"). The Financial Institution agrees to refund to the Annuity Plan, the amount of any annuity benefit checks deposited in the Payee's account which represents annuity benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Pension Plan.

Name of Financial Institution \_\_\_\_\_

Can you accept "Automated Clearing House" transactions? ☐ Yes ☐ No

Bank ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Type of Account: ☐ Checking/Share Draft ☐ Savings

Branch \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**

This notice contains important information you will need if you qualify for a withdrawal from this Plan. This notice is based upon a model form from the Internal Revenue Service (I.R.S.). Please refer to the bottom of Page Five of this notice in order to obtain more information directly from the IRS.

### **SUMMARY**

An approved withdrawal payment from the Plan that is eligible for “rollover” can be taken in two ways. You can have all or any portion of your payment either 1) PAID IN A “DIRECT ROLLOVER” or 2) PAID TO YOU. A rollover is a payment of your Plan benefits to your individual retirement arrangement (IRA) or to another employer plan. This choice will affect the tax you owe.

If you choose a **DIRECT ROLLOVER**:

- ☐ Your payment will not be taxed in the current year and no income tax will be withheld.
- ☐ Your plan payment will be made directly to your IRA, or if you choose, to another employer plan that accepts your rollover.
- ☐ Your payment will be taxed later when you take it out of the IRA or the employer plan.

If you choose to have your Plan benefits **PAID TO YOU**:

- ☐ You will receive only 80% of the payment because the Plan administrator is required to withhold 20% of the payment and send it to the IRS as income tax withholding to be credited against your taxes.
- ☐ Your payment will be taxed in the current year unless you roll it over. You may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59 1/2, you also may have to pay an additional 10% tax.
- ☐ You can roll over the payment by paying it to your IRA or to another employer plan that accepts your rollover within 60 days of receiving the payment. The amount rolled over will not be taxed until you take it of the IRA or employer plan.
- ☐ If you want to rollover 100% of the payment to an IRA or an employer plan, *you must find other money to replace the 20% that was withheld*. If you roll over only the 80% that you received, you will be taxed on the 20% that was withheld and that is not rolled over.

### **I. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER**

Payments from the Plan may be “eligible rollover distributions”. This means that they can be rolled over to an IRA or to another employer plan that accepts rollovers. The following type of payment *cannot* be rolled over:

**Required Minimum Payments.** Beginning in the year you reach age 70 1/2, a certain portion of your payment cannot be rolled over because it is a “required minimum payment “that must be paid to you.

## **II. DIRECT ROLLOVER**

You can choose a direct rollover of all or any portion of your payment that is an “eligible rollover distribution”, as described above. In a direct rollover, the eligible rollover distribution is paid directly from the Plan to an IRA or another employer plan that accepts rollovers. If you choose a direct rollover, you are not taxed on a payment until you later take it out of the IRA or the employer plan.

**DIRECT ROLLOVER TO AN IRA** - You can open an IRA to receive the direct rollover. (The term “IRA”, as used in this notice, includes individual retirement accounts and individual retirement annuities.) If you choose to have your payment made directly to an IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to an IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish an IRA to receive the payment. However, in choosing an IRA, you may wish to consider whether the IRA you choose will allow you to move all or part of your payment to another IRA at a later date, without penalties or other limitations. See IRS Publication 590, **Individual Retirement Arrangements**, for more information on IRAs (including limits on how often you can roll over between IRAs).

**DIRECT ROLLOVER TO A PLAN** - If you are employed by a new employer that has a plan, and you want a direct rollover to that plan, ask the administrator of that plan whether it will accept your rollover. An employer plan is not legally required to accept a rollover. If your new employer’s plan does not accept a rollover, you can choose a direct rollover to an IRA.

## **III. PAYMENT PAID TO YOU**

If you have the payment made to you, it is subject to 20% income tax withholding. The payment is taxed in the year you receive it unless, within 60 days, you roll it over to an IRA or another plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

## **INCOME TAX WITHHOLDING**

- **Mandatory Withholding** - If any portion of the payment to you is an eligible rollover distribution, the Plan is required by law to withhold 20% of the amount. This amount is sent to the IRS as income tax withholding. For example, if your eligible rollover distribution is \$10,000, only \$8,000 will be paid to you because the Plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, you will report the full \$10,000 as payment from the Plan. You will report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year.
- **Voluntary Withholding** - If any portion of your payment is not an eligible rollover distribution but is taxable, the mandatory withholding rules described above do not apply. In this case, you may elect not to have withholding apply to that portion. To elect out of withholding, ask for the election form and related information.

**Sixty-Day Rollover Option.** If you have an eligible rollover distribution paid to you, you can still decide to roll over all or part of it to an IRA or another employer plan that accepts rollovers. If you decide to rollover, **you must make the rollover within 60 days after you receive the payment.** The portion of your payment that is rolled over will not be taxed until you take it out of the IRA or the employer plan.



**You can roll over up to 100% of the eligible rollover distribution, including an amount equal to the 20% that was withheld. If you choose to roll over 100%, *you must find other money within the 60-day period to contribute to the IRA or the employer plan to replace the 20% that was withheld.* On the other hand, if you roll over only the 80% that you received, you will be taxed on the 20% that was withheld.**

**Example:** Your eligible rollover distribution is \$10,000 and you choose to have it paid to you. You will receive \$8,000 and \$2,000 will be sent to the IRS as income tax withholding. Within 60 days after receiving the \$8,000 you may roll over the entire \$10,000 to an IRA or employer plan. To do this, you roll over the \$8,000 you received from the Plan, and you will have to find \$2,000 from other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the IRA or employer plan. If you roll over the entire \$10,000, when you file your income tax return you may get a refund of the \$2,000 withheld.

**If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return you may get a refund of part of the \$2,000 withheld. (However, any refund is likely to be larger if you roll over the entire \$10,000.)**

**Additional 10% Tax if you are Under Age 59 ½.** If you receive a payment before you reach age 59 ½ and you do not roll it over, then in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax does not apply to your payment if it is (1) paid to you because you separate from service with your employer during or after the year you reach age 55, (2) paid because you retire due to disability, or (3) used to pay certain medical expenses. See IRS Form 5329 for more information on the additional 10% tax.

**Special Tax Treatment.** If your eligible rollover distribution is not rolled over, it will be taxed in the year you receive it. However, if it qualifies as a “lump sum distribution”, it may be eligible for special tax treatment. A lump sum distribution is a payment, within one year, of your entire balance under the Plan (and certain other similar plans of the employer) that is payable to you because you have reached age 59 ½ or have separated from service with your employer (or, in the case of a self-employed individual, because you have reached age 59 ½ or have become disabled). For a payment to qualify as a lump sum distribution, you must have been a participant in the Plan for at least 5 years. The special tax treatment for lump sum distributions is described below.

- ☐ **Five-Year Averaging** - If you receive a lump sum distribution after you are age 59 ½, you may be able to make a one-time election to figure the tax on the payment by using “5-year averaging”. Five-year averaging often reduces the tax you owe because it treats the payment much as if it were paid over 5 years.
- ☐ **Ten Year Averaging If You Were Born Before January 1, 1936** - If you receive a lump sum distribution and you were born before January 1, 1936, you can make a one-time election to figure the tax on the payment by using “10-year averaging” (using 1986 tax rates), instead of 5-year averaging (using current tax rates). Like the 5-year averaging rules, 10-year averaging often reduces the tax you owe.
- ☐ **Capital Gain Treatment If You Were Born Before January 1, 1936** - In addition, if you receive a lump sum distribution and you were born before January 1, 1936, you may elect to have the part of your payment that is attributable to your pre-1974 participation in the Plan (if any) taxed as long-term capital gain at a rate of 20%.

There are other limits on the special tax treatment for lump sum distribution. For example, you can generally elect this special tax treatment only once in your lifetime, and the election applies to all lump sum distributions that you receive in that same year. If you have previously rolled over a payment from the Plan (or certain other similar plans of the employer), you cannot use this special tax treatment for later payments from the Plan. If you roll over your payment to an IRA, you will not be able to use this special tax treatment for later payments from the IRA. Also, if you roll over only a portion of your payment to an IRA, this special tax treatment is not available for the rest of the payment. Additional restrictions are described in IRS Form 4972, which has more information on lump sum distributions and how you elect the special tax treatment.

#### **IV. SURVIVING SPOUSES, ALTERNATE PAYEES, AND OTHER BENEFICIARIES**

In general, the rules summarized above that apply to payments to employees also apply to payments to surviving spouses of employees and to spouses or former spouses who are “alternate payees”. You are an alternate payee if your interest in the Plan results from a “qualified domestic relations order”, which is an order issued by a court, usually in connection with a divorce or legal separation. Some of the rules summarized above also apply to a deceased employee’s beneficiary who is not a spouse. However, there are some exceptions for payments to surviving spouses, alternate payees, and to other beneficiaries that should be mentioned.

If you are a surviving spouse, you may choose to have an eligible rollover distribution paid in a direct rollover to an IRA or paid to you. If you have the payment paid to you, you can keep it or roll it over yourself to an IRA, but you cannot roll it over to an employer plan. If you are an alternate payee, you have the same choices as the employee. Thus, you can have the payment paid as a direct rollover or paid to you. If you have it paid to you, you can keep it or roll it over yourself to an IRA or to another employer plan that accepts rollovers. If you are a beneficiary other than the surviving spouse, you cannot choose a direct rollover, and you cannot roll over the payment yourself.

If you are a surviving spouse, an alternate payee, or another beneficiary, your payment is not subject to the additional 10% tax described in Section III above, even if you are younger than age 59 ½.

If you are a surviving spouse, an alternate payee, or another beneficiary, you may be able to use the special tax treatment for lump sum distributions as described in Section III above. If you receive a payment because of the employee’s death, you may be able to treat the payment as a lump sum distribution if the employee met the appropriate age requirements, whether or not the employee had 5 years of participation in the Plan.

#### **HOW TO OBTAIN ADDITIONAL INFORMATION**

This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described above are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with a professional tax advisor before you take a payment of your benefits from the Plan. Also, you can find more specific information on the tax treatment of payments from qualified retirement plans in IRS Publication 575, Pension and Annuity Income, and IRS Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office or by calling 1-800 TAX-FORMS.