



# GEMBA Supplemental Retirement Plan GIC Group Annuity - Withdrawal Form

*Solutions today for a secure financial tomorrow.*

Please return this form to: GEBA, 6760 Alexander Bell Drive, Suite 100, Columbia, MD 21046.  
Call us with questions at (301) 688-7912 or (800) 826-1126.

## Member Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Member #: \_\_\_\_\_  
(if unknown, leave blank)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (black number): \_\_\_\_\_

How did you hear about the plan? \_\_\_\_\_ Email Address: \_\_\_\_\_

## Membership Status: *If you are retiring/resigning and working as an Agency Contractor, please indicate.*

Agency Employee       NSA/CSS Military Assignee       Agency Retiree

Agency Contractor: Contractor's name \_\_\_\_\_

Spouse of employee/retiree/military: Spouse's name \_\_\_\_\_ SSN: \_\_\_\_\_

## Reason for Withdrawal:

**Date of Withdrawal:** *(see annual wire date schedule for due dates)*

- Retirement  
 Excess Contribution  
 Disability  
 Death  
 Other: \_\_\_\_\_

- Next Contribution/Withdrawal Date  
 On Specified Contribution/Withdrawal Date: \_\_\_\_\_  
 Quarterly     first date of the quarter     last date of the quarter  
 Upon Maturity

## Withdrawal Instructions:

- Total Distribution       Partial Distribution: \$ \_\_\_\_\_  
Check is to be made payable to:     Participant     Trustee     Beneficiary(ies)     Other: \_\_\_\_\_

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Percent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Total 1035 Exchange

I designate the following as recipient for the portion of my eligible 1035 Exchange that I elected to directly transfer:

Name of Financial Institution\*: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*\*In addition to this form, participants transferring funds to another financial institution must submit completed IRA transfer paperwork from the new institution.*

## Election of Tax Withholding:

- I elect a total or partial distribution and do not wish to have Federal Income Tax withheld from my withdrawal.
- I elect a total or partial distribution and understand Federal Income Tax will be withheld to equal 10% of the taxable portion of my withdrawal.
- I elect a total or partial distribution and want Federal Income Tax withheld at \_\_\_\_% of the taxable portion of my withdrawal.

NOTE: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

**IMPORTANT NOTICE:** Only residents of ME, DE, OK, IO, KS, VA, MA, VT, NC, CA, OR, and GA must indicate state tax withholding. In addition, the appropriate 4P Form for your state must be on file or accompany this request form in order to process your withdrawal. Please see your local state tax office or tax advisor for forms.

- I do not wish to have state taxes withheld.
- I wish to have state taxes withheld at \_\_\_\_\_%.

**Processing Information:**

Withdrawals are processed according to the GEMBA annual contribution/withdrawal schedule. Withdrawals occur bi-weekly on each withdrawal date Monday. All withdrawal request forms must be received in the GEMBA office before noon on the Wednesday prior to the desired withdrawal date. A complete withdrawal form or written withdrawal request, including an original signature, must be received in order to process a withdrawal, no telephone, fax, or email requests will be accepted. Distributions are prorated over all applicable Annuity accounts and may not be specified from a particular account. All withdrawals are distributed by check and mailed from the bank on the withdrawal date, therefore, they should arrive within 5-7 days, depending on the postal service. Only one withdrawal or transfer allowed per quarter.

**Applicable Penalties and Fees:**

All withdrawals from a GIC Group Annuity account are subject to a 5% withdrawal penalty UNLESS one of the following apply:

- Upon Maturity
- Member has attained age 59 ½
- Member has retired from NSA/CSS
- Disability
- Death

A \$20 check processing fee applies to all partial withdrawals and for the first withdrawal of a scheduled quarterly distribution.

IRS penalties apply to withdrawals made before the member attains age 59 ½. The taxable portion of a non tax-deductible Group Annuity includes all earnings. Please consult your tax advisor on tax related issues.

**Member Signature:**

I hereby certify that I have read and understand the contents of this withdrawal request form, including information provided on applicable fees.

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

GEMBA Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Tax Code: \_\_\_\_\_ 5% Penalty: \_\_\_\_\_ Processing Fee: \_\_\_\_\_

Notes: