

**LUMP SUM DISTRIBUTION ELECTION FORM**

**NOTICE OF TAX UNDERSTANDING AND METHOD OF PAYMENT**

This form must be completed by the surviving spouse and returned to the  
Indiana State Teachers' Retirement Fund with the benefit application.

TO: Indiana State Teachers' Retirement Fund  
150 West Market Street, Suite 300  
Indianapolis, IN 46204-2809

I hereby certify that I have received the following material from you:

- (1) IRS Special Tax Notice Regarding Plan Payments
- (2) IRS Notice # 93-26
- (3) Special Tax Notice from TRF advising Surviving Spouses

I have read these documents, and understanding them, I direct that you distribute the money in my Annuity Savings Account as follows: [mark the appropriate box]

1.	I do not select a full lump sum distribution (Alternative II). [If you choose this option, do not designate an IRA.]
2.	Mail full payment to me, less any applicable IRS withholding described in the "IRS SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS." [If you choose this option, do not designate an IRA.]
3.	Mail "After Tax Contributions" to me. Mail "Eligible Rollover Distribution" to me – made out to my designated IRA (or other qualified plan).
4.	Mail "After Tax Contributions" to me. Mail \$ _____ to me (less any applicable IRS withholding as described in the IRS SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS) from the "Eligible Rollover Distribution". Mail the rest of the "Eligible Rollover Distribution" to me – made out to my designated IRS (or other qualified plan).

Please make out the check for the "Eligible Rollover Distribution" as follows:

Name of IRA (or other qualified plan): \_\_\_\_\_

My account number in the IRA (or other qualified plan) \_\_\_\_\_

Please check one of the following:

This is an <b>IRA</b> .		This is a <b>QUALIFIED PLAN</b> .	
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I represent that the recipient plan is an individual retirement plan or a qualified plan that accepts direct rollovers. I hereby verify and affirm that the foregoing representations are true and correct.

Signature of Surviving Spouse \_\_\_\_\_

Printed Name of Surviving Spouse \_\_\_\_\_

Social Security Number of Surviving Spouse \_\_\_\_\_

TRF Number of Deceased Spouse \_\_\_\_\_

Social Security Number of Deceased Spouse \_\_\_\_\_

Date \_\_\_\_\_