

## PARTIAL LUMP SUM OPTION (PLSO) DISTRIBUTION ELECTION

Complete this form **only** if you are choosing the Partial Lump Sum Option (PLSO).

- You **must** complete sections A, B, C and F. Section D is optional.
- If you are completing a rollover, your financial institution **must** complete Section E.
- Choose the PLSO plan that matches the choice you made on your **Service Retirement Application**.
- Sign and return both pages of this completed form to the Public School Retirement System of Missouri (PSRS).
- Please keep a copy of this form for your records.

SECTION A MEMBER INFORMATION			
First Name	Middle Name	Last Name	
Member ID (or Last Four Digits of Your Social Security Number)	Account ID	Telephone (      )	
Mailing Address	City	State	ZIP
Email Address			
SECTION B PLSO PLAN			
Place an "X" in the box beside the PLSO plan you are choosing.			
<input type="checkbox"/> 12-Month	<input type="checkbox"/> 24-Month	<input type="checkbox"/> 36-Month	
SECTION C PAYMENT OPTION			
Choose one payment option below.			
<input type="checkbox"/> Payment to Member	I want the entire lump-sum payment directly deposited into the same account and financial institution as my monthly retirement benefit. Please see Section D for tax withholding options.		
<input type="checkbox"/> Combination Rollover and Payment to Member	I want the lump-sum payment divided as indicated below:		
	<b>Taxable Funds</b>	<b>Non-Taxable Funds</b>	
<b>IMPORTANT:</b> Choose an option for taxable and non-taxable funds.	<input type="checkbox"/> <b>100% Rollover</b> – I want all taxable funds rolled over to the financial institution named in Section E.	<input type="checkbox"/> <b>100% Payment to Member</b> – I want all non-taxable funds directly deposited into the same account and financial institution as my monthly retirement benefit.	
	<input type="checkbox"/> \$ _____ or _____ % Rollover – I want this portion of my taxable funds rolled over to the financial institution named in Section E.	<input type="checkbox"/> <b>100% Rollover</b> – I want all non-taxable funds rolled over to the financial institution named in Section E.	
	<b>AND</b> I also want the remaining funds, less the mandatory 20% federal tax withholding, directly deposited into the same account and financial institution as my monthly retirement benefit. Please see Section D for additional tax withholding options.		
SECTION D FEDERAL AND MISSOURI INCOME TAX WITHHOLDING			
In addition to the required 20% federal tax withheld from the payment to me (unless a Required Minimum Distribution applies, see Section F), please also withhold:			
<b>Federal Income Taxes:</b>	\$ _____ or _____ % .		
<b>Missouri Income Taxes:</b> (Missouri residents ONLY)	<input type="checkbox"/> No Missouri income tax withholding	<input type="checkbox"/> \$ _____ (Minimum of \$10)	

