



PO Box 268
 Jefferson City, MO 65102-0268
 (573) 634-5290 or
 Toll Free: (800) 392-6848
 Fax: (573) 634-7934
 Email: psrspeers@psrspeers.org
 Website: www.psrs-peers.org

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.
- Generally, 20% of the taxable distribution not directly rolled over will be withheld for federal income taxes. If you would like additional federal income tax withholding (or a different (or zero) federal income tax withholding rate for the portion of the distribution attributable to an IRS Required Minimum Distribution), complete the enclosed IRS Form W-4R.
- 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) along with your completed IRS Form W-4R, if applicable.
- Please keep a copy of this form for your records.

SECTION A MEMBER INFORMATION				
First Name		Middle Name		Last Name
Account ID (or Last Four Digits of Your Social Security Number)		Member 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:
IMPORTANT: Choose an option for taxable and non-taxable funds.	Taxable Funds
	<input type="checkbox"/> 100% Rollover – I want all taxable funds rolled over to the financial institution named in Section E.
	<input type="checkbox"/> \$ _____ or _____ % Rollover – I want this portion of my taxable funds rolled over to the financial institution named in Section E.
	AND I also want the remaining funds directly deposited into the same account and financial institution as my monthly retirement benefit. I understand that PSRS will withhold 20% federal tax on any taxable funds not included in the rollover, unless I elect additional withholding on Form W-4R, and additional penalties may apply. Please see Section D for Missouri tax withholding options.
	Non-Taxable Funds
	<input type="checkbox"/> 100% Payment to Member – I want all non-taxable funds directly deposited into the same account and financial institution as my monthly retirement benefit.
	<input type="checkbox"/> 100% Rollover – I want all non-taxable funds rolled over to the financial institution named in Section E.

