



City of Arts & Innovation

Human Resources ♦ Benefits Division 2021 PAYOUT (ROLLOVER) REQUEST FORM

Upon **SEPARATION**, you are eligible to roll over 100% of your eligible payout (i.e. sick and/or vacation leave) to your 457 deferred compensation account up to the IRS allowable maximum amount, tax free. Or you may choose to roll over your eligible payout into your (post-tax) Roth account. The maximum amount allowed by the IRS takes into account current (year to date) contributions to your Deferred Compensation account(s).

To request a rollover of your eligible payout to your deferred compensation account, please complete the information below. Completed and signed forms must be returned to the Human Resources (HR) Benefits Division **no later than the first of the month prior to the month of your retirement date**. Please keep a copy of your completed HR Payout Request Form for your records.

The completed form may be submitted by fax to: (951) 826-2421; interoffice mail to: HR/Benefits Division; or scanned and email to: CityBenefits@riversideca.gov For additional questions regarding this form, please call the HR Benefits Division at **(951) 826-5639** Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Employee Information:

Employee Name: _____ **Employee ID:** _____

Department: _____

Separation Date¹: _____
(MM/DD/YYYY) ¹Separation date is the last day on Payroll

Upon my separation, I elect to roll over (select one) **100% or** \$_____ of my payout check into my deferred compensation account (please check the applicable plan below):

PLAN TYPE:

457 (pre-tax) Deferred Compensation Plan 457 Roth (after-tax) Deferred Compensation Plan²

²Although you may roll your eligible payout over to a Roth plan, all applicable taxes will be deducted.

Rollover funds are available at your retirement or separation **up to the allowable annual IRS maximum amount**, according to your current age (check one):

- 49 years of age and below – up to \$19,500**
- 50 years of age and above – up to \$26,000**

Separation Type (check appropriate box):

- Service Retirement Disability Retirement Industrial Disability Retirement
- Resignation Other Separation Reason

Authorization:

I certify that I wish to have eligible payout funds rolled over into Deferred Compensation.

Employee Signature: _____ Date: _____
(MM/DD/YYYY)