



HUMAN RESOURCES PAYOUT (ROLLOVER) REQUEST FORM

Upon separation, you are eligible to rollover 100% of your eligible payout (i.e. sick, vacation leave, etc.) to your deferred compensation account up to the IRS allowable maximum amount, tax free. The maximum amount allowed 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 attached Payout (Rollover) Request Form. If you are retiring and will be electing the “Special Catch-up” provision, you must submit the appropriate provider designation form, found on the Benefit Forms website.

All completed and signed forms must be returned to the Human Resources (HR) Benefits Division **NO** later than **5pm** on your last day of employment. You are encouraged to make a copy of your completed HR Payout Request Form for your records.

Submit the completed and signed Payout (Rollover) Request Form by:

- Fax to: (951) 826-2421; or
- Interoffice mail to: HR Benefits Division; or
- Scan and email a copy to: Citybenefits@riversideca.gov

For additional questions regarding the Payout (Rollover) Request Form, please call the HR Benefits Division at **(951) 826-5639** Monday through Friday, from 8:00 a.m. to 5:00 p.m.

We appreciate your cooperation!

Thank you,

Your Human Resources Team

Citybenefits@riversideca.gov



PAYOUT (ROLLOVER) REQUEST FORM

EMPLOYEE INFORMATION

Employee Name: _____ (Print full name)

Employee ID: _____

Department: _____

Separation Date**: _____ (MM/DD/YYYY)

** - Separation Date is the last day on Payroll.

Upon my separation/retirement, I elect to roll over 100%* of my payout check into:

EMPOWER RETIREMENT ICMA – RC (Please Check One)

PLAN TYPE: 457 Deferred Compensation Plan

Allowable IRS maximum amount according to your current age.

- 49 years of age and below – up to \$18,000
 50 years of age and above – up to \$24,000
 50 years of age and above – Special Catch-up Provision (For Retirements Only) up to \$36,000 (must submit provider form)

CHECK APPROPRIATE BOX

- SERVICE RETIREMENT DISABILITY RETIREMENT INDUSTRIAL DISABILITY RETIREMENT
 RESIGNATION OTHER SEPARATION REASON

AUTHORIZATION

I certify that I have received and read the Payout (Rollover) Request form.

EMPLOYEE SIGNATURE _____ DATE _____ (MM/DD/YYYY)