

APPLICATION FOR BENEFITS

QUALIFIED DOMESTIC RELATIONS ORDER

(Please use black ink only.)

SECTION I: ALTERNATE PAYEE INFORMATION

Name: _____

SSN: _____ Phone: _____

Address: _____

City: _____ St: _____ Zip: _____

SECTION II: LUMP SUM DISTRIBUTION OPTION

I hereby request a distribution of benefits under the Oklahoma County Employees' Defined Contribution System in accordance with the terms of the Qualified Domestic Relations Order. I elect to receive my benefit in the following form of payment:

- Lump sum payment equal to the **Entire** account value.
- Lump sum payment in the amount equal to all or part of the account value. \$ _____ (Retirees Only)
- Installments (Retirees Only) \$ _____ Monthly \$ _____ Quarterly \$ _____ Annually
\$ _____ Employer Account \$ _____ Grand-fathered After-Tax Account

⇒ This distribution will be subject to the 20% federal tax and applicable state income tax withholding. If you reside in a state that requires mandatory withholding. If you reside in a state where withholding is optional, please make a state withholding election.

_____ Withhold state tax. _____ Do not withhold state tax.

- Rollover into IRA or other Qualified Plan in accordance with the rollover instructions in Section III through V.

SECTION III: ROLLOVER ELECTION

Please be sure you have read the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com. You may want to check with a qualified tax advisor before making your elections. Please complete the following:

- Transfer the entire amount eligible for rollover directly to my IRA or other qualified plan. Complete all sections below.
- Pay the following dollar amount to me \$ _____ (subject to the applicable withholding) and transfer the balance directly to my IRA or qualified plan as indicated in Section IV below.

SECTION IV: TRANSFER INSTRUCTIONS TO INDIVIDUAL RETIREMENT ACCOUNT (IRA) OR OTHER QUALIFIED PLAN

You may roll your plan account balance to a Roth IRA provided you include the taxable portion of the conversion amount in your gross income for the year in which the rollover conversion occurs. Please refer to the explanation provided in the "Special Tax Notice Regarding Plan Payments" available on Start Right Online at www.startright.bokf.com and consult qualified tax counsel for additional information.

- I represent the IRA or plan designated below is a proper recipient plan for a direct rollover.

Name of new Trustee or Custodian where funds will be held: _____

Name of IRA/Qualified Plan/Account Number: _____

Address: _____

Name & Phone Number of Person to Contact: _____

Mail Check To: Participant Plan Administrator New IRA or Qualified Plan

Type of IRA: Traditional Roth

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SECTION V: PAYMENT DELIVERY

The distribution of your vested account balance will be made as soon as administratively possible after your form has been received by BOK Financial (the "Bank") and will be based on the current market value of your vested balance at the time of distribution. The final amount of your payment may be subject to market fluctuation depending upon your current investment elections and therefore may differ from the amount at the time this request was made. The Bank will not be responsible for any market changes on your final distribution amount between the time this form is received and the time the funds are actually withdrawn from your investments.

Mail check to:

- To me at the address provided in Section I.
- To the new IRA or Qualified Plan listed in Section IV.

SECTION VI: ALTERNATE PAYEE'S AUTHORIZATION, RELEASE AND ACKNOWLEDGEMENT

I have read the **Special Tax Notice Regarding Certain Plan Payments** and understand the tax implications regarding this disbursement. I fully and willingly assume any and all liabilities for such disbursement, including but not limited to any tax consequences; and I waive any and all right(s) to legal action regarding this issue against Oklahoma County, the Oklahoma County Retirement Board of Trustees, BOK Financial and its affiliated companies, and/or its members personally or individually. I understand that I am executing this Authorization, Release and Acknowledgement voluntarily and of my own free will.

Alternate Payee's Signature _____ Date _____

Plan Administrator Authorization – This section must be completed by the Oklahoma County Benefits and Retirement Department's Office authorizing payment of plan benefits.

Participant's Vesting Percentage: _____% Date Received by Oklahoma County _____

Employer's Signature _____ Date _____

RETURN THIS COMPLETED FORM ALONG WITH THE QUALIFIED DOMESTIC RELATION ORDER TO THE BENEFITS & RETIREMENT DEPARTMENT.

**Oklahoma County Benefits & Retirement Department
320 Robert S. Kerr Avenue, Room 220
Oklahoma City, OK 73102**