

Request for Distribution

City of Riverside

Completed forms should be sent to: **Public Agency Retirement Services**
P.O. Box 12919, Newport Beach, CA 92658
Fax: (949) 250-1250
admin@pars.org

Legal Name of Participant _____

Address of Participant _____

City _____ State _____ Zip _____

Phone (____) _____ Date of Birth _____

Social Security Number _____ Sex _____

Type of Plan

457(b) Alternative Retirement System Plan

Qualifying Event *(select only one)*

Terminated employment with City effective _____

Retired on _____

Became permanently and totally disabled on _____

Died on _____

There is an executed beneficiary statement in favor of _____

No longer participates in the Plan effective _____

(If the participant is still employed by the City, a distribution may only occur if the account balance is less than \$5,000 and the participant has had no deferrals into the plan for a period of 24 consecutive months)

Plan Administrator or Authorized Person

Date