

Instructions: Mail or fax to Office of Human Resources (information listed below) to make a distribution change to your 415(m). Visit the Master Administrator website (link available at hr.osu.edu/benefits/retirement) if you would like to make a provider change.

SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First	M.I.	Last	OSU Employee ID# (required)	
Home Mailing Address: Street	City		State	Zip
Daytime Phone Number			Social Security Number (required)	

SECTION 2: ELECTION OF DISTRIBUTION COMMENCEMENT DATE AND METHOD – 415(m) RETIREMENT PLAN

Employer, and, if applicable, employee contributions made to the RCP will be placed in the 415(m) Plan once contributions to the RCP exceed the Internal Revenue Code Section 415(c) annual contribution limits. The 415(m) Plan is treated as a non-qualified, deferred compensation plan under tax law. Under the 415(m) plan, the term "Benefit Commencement Date" may be no earlier than severance from service with Ohio State. **Changes to this election must be completed at least one year prior to your new elected Benefit Commencement Date and/or method of payment, if applicable.** The forms of benefit payments under the 415(m) Plan are the same as those available under the RCP with the exception that a rollover or direct transfer to another plan is not permitted. Under the RCP, your benefit may be payable in the form of a lump-sum payment or an annuity, based on the distribution option and provider selected. You must elect your form of benefits under the 415(m) Plan before starting participation in the 415(m) Plan. If no benefit commencement date is elected, you will default to severance from service. If a complete method of payment is not elected, you will default to a lump-sum distribution payment. If neither benefit commencement date nor method of payment are elected, you will default to a lump-sum distribution payment as soon as administratively practicable following your severance from service. NOTE: Minimum distributions are not required from the 415(m) Plan.

BENEFIT COMMENCEMENT DATE

I elect to receive such benefits from Ohio State as soon as administratively practicable following (select one):

Severance from service (e.g., retirement, termination, death, etc.)
 An age or date as specified: _____

METHOD OF PAYMENT

I designate the following method of payment (select one):

Fidelity	TIAA		
<input type="checkbox"/> Lump Sum <input type="checkbox"/> Systematic Withdrawal <i>Payment to be paid:</i> <input type="checkbox"/> Monthly* <input type="checkbox"/> Annually* <i>Over:</i> <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years	<input type="checkbox"/> Lump Sum <input type="checkbox"/> Fixed-Period Annuity <i>(Payment ranging from 5 to 30 years)</i> _____ years	<input type="checkbox"/> One-Life Annuity <i>Select one of the following Guaranteed Periods:</i> <input type="checkbox"/> None <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years	<input type="checkbox"/> Two-Life Annuity <i>Select one of the following Two-Life Annuities:</i> <input type="checkbox"/> Full benefit to survivor <input type="checkbox"/> Two-thirds benefit to survivor <input type="checkbox"/> One-half benefit to annuity partner <i>Select one of the following Guaranteed Periods:</i> <input type="checkbox"/> None <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years

* May be changed at any time.

SECTION 3: AUTHORIZATION

I hereby authorize the change as stated above. I understand that this election is irrevocable while I am employed at The Ohio State University.

 Signature Date

If you have questions, contact:

Fidelity Investments
 Phone: 1-800-328-6608
 Web: netbenefits.com/OSURCP415m

TIAA Columbus Office
 Phone: 614-659-1000, 1-877-209-3138
 Web: tiaa-cref.org/osurcp

Mail or fax to OHR:
 Office of Human Resources, Retirement Services/RCP,
 1590 N. High St., Suite 300, Columbus, OH 43201-2190
 Fax: 614-292-7813