

**Steps for requesting a retirement distribution.**

1. Contact your provider and request distribution paperwork.
2. Complete and submit this form to the Office of Human Resources (allow two working days for a certificate to be created).
3. Submit the certificate along with the distribution paperwork to your provider. Allow 1-2 weeks for your provider to process your distribution/transfer request.

The Ohio State University does not sign provider paperwork but we will provide you with a certificate indicating your status or reason you are taking a distribution. This certificate replaces our signature on the provider forms. The following information is needed to process your distribution certificate. Contact your provider to discuss the availability of your distribution options.

**SECTION 1: PERSONAL INFORMATION**

Employee's Full Name:	First	M.I.	Last	OSU Employee ID# (required)
Social Security Number (last four digits)	Daytime Phone Number		Email Address	

**SECTION 2: RETIREMENT PROVIDER INFORMATION**

Provider taking distribution from (provider sending money)	Provider transferring money to (provider receiving money, if applicable)
Send the certificate to:	
<input type="checkbox"/> Employee Fax number: _____ or <input type="checkbox"/> Employee Email: _____ or	
<input type="checkbox"/> Employee Address: _____	

**SECTION 3: EMPLOYMENT STATUS**

Are you actively employed with Ohio State?      Yes (skip Section 4 and proceed to Section 5)      No (complete Section 4)

**SECTION 4: DISTRIBUTION REQUEST (to be completed by retired or terminated employees only)**

As a retired employee or an employee who has separated from service with the university, you may be eligible to transfer or withdraw all or a portion of your funds. Check the plan(s) for which you are requesting this documentation:

- 403(b)      457(b)      ARP      RCP

**SECTION 5: DISTRIBUTION REQUEST (to be completed by active employees only)**

As an active employee, you may be eligible for a distribution from your retirement account. Check the plan(s) and the type of distribution requested:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> <b>403(b)</b><br><input type="checkbox"/> Age 59½<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Transfer between plan providers<br><input type="checkbox"/> RMD | <input type="checkbox"/> <b>457(b)</b><br><input type="checkbox"/> Transfer between plan providers<br><input type="checkbox"/> Purchase of service credit<br><input type="checkbox"/> RMD | <input type="checkbox"/> <b>ARP</b><br><input type="checkbox"/> Transfer between plan providers<br><input type="checkbox"/> Disability<br><input type="checkbox"/> RMD | <input type="checkbox"/> <b>RCP/415(m)</b><br><input type="checkbox"/> Disability <i>applies to RCP only</i><br><input type="checkbox"/> RMD |
|---|---|--|--|

**SECTION 6: CERTIFICATION (to be completed by retired or terminated employees only)**

I \_\_\_\_\_ (Name) am requesting a distribution from a university retirement account. I understand that distributions from these accounts are allowed when there has been a termination of service. I also understand that the IRS requires a break in service in order to be considered terminated from employment (unless age 59 1/2 or older). I certify that at this time, I have no plan or agreement (formal or informal) to return to university employment.

**SECTION 7: SIGNATURE**

I certify that all information provided on this form is true to the best of my knowledge.

Participant Signature	Date
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**NOTE:** All options listed are not a guarantee. Refer to the applicable plan document for details on distribution options.

**Submission options** for the signed original of this form: **Upload** to the secure [hrconnection.osu.edu](https://hrconnection.osu.edu) portal by selecting "Submit a Form" (recommended); or **mail** to Office of Human Resources, 1590 N. High Street, Suite 300, Columbus, OH 43201-2190; or **fax** to 614-292-7813; or **email** to [hrconnection@osu.edu](mailto:hrconnection@osu.edu) with **subject line "Distribution"**