

**RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES**

**APPLICATION FOR PAYMENT OF DEATH BENEFIT**

**TO NON-SPOUSE BENEFICIARY**

**EXPLANATION:** The beneficiary of a retiree is entitled to the payment of a death benefit upon the retiree's death, under Paragraph 15.7 of the Plan. This death benefit payment is separate and apart from any refund of employee contributions (and interest) which might be payable to a beneficiary upon a retiree's death.

Under current tax law, the entire death benefit is fully taxable to the beneficiary receiving payment; except that a non-spouse beneficiary may elect to rollover the death benefit to a traditional IRA.

This form is used by a non-spouse beneficiary to elect the income tax withholding which will apply to a death benefit payment.

**I. IDENTIFYING INFORMATION** - Complete all lines below:

Name of Employee: \_\_\_\_\_

Employee No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**II. DISTRIBUTION INFORMATION:**

A. Review attached "Explanation of Tax Rules Relating to Death Benefit Payments to Non-Spouse Beneficiaries". Choose one of the following:

\_\_\_\_\_ Make payment of the entire death benefit directly to me. I understand that 20% of the death benefit will be withheld for federal income taxes.

\_\_\_\_\_ Make a direct rollover of the entire death benefit.

\_\_\_\_\_ Make payment of \$\_\_\_\_\_ of the death benefit directly to me, and make a direct rollover of the remainder of the death benefit.

B. Complete all lines below ONLY if you are choosing a direct rollover:

Name of IRA: \_\_\_\_\_

Name, Federal Employer Identification No. and Address of Trustee of IRA Account:

\_\_\_\_\_  
Name EIN

\_\_\_\_\_  
Address

Number of IRA Account: \_\_\_\_\_

Mail check for death benefit to be rolled over (select one):

Applicant - to forward to IRA

Trustee of IRA

**EXPLANATION:** Procedures for Direct Rollover of Death Benefit by non-spouse beneficiary:

- (1) A Direct Rollover will be made by the mailing of a check made payable to the trustee of the IRA designated by the applicant.
- (2) The election made on the death benefit application, to receive payment subject to withholding or to have a direct rollover made to an IRA, may not later be changed by the applicant.
- (3) Only one IRA may be designated to receive a Direct Rollover.
- (4) All, or only part, of the death benefit may be designated for a Direct Rollover.

**SIGNATURE**

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Signature of Beneficiary/Applicant

NOTARIZATION (Notarization is needed only if application is submitted by mail.)

State of Illinois  
County of \_\_\_\_\_

Signed (or subscribed or attested) before me on \_\_\_\_\_ (date)

By \_\_\_\_\_  
(name of person)  
(seal)

\_\_\_\_\_  
Signature of Notary Public