



457 Deferred Compensation Account Distribution Notification

Name: _____
SSN: _____
Phone: _____
Address: _____

Please return this form to the Deferred Compensation staff by the deadline date listed below. If this form is not returned complete and on time, an automatic and irrevocable full distribution of your account balance will be sent to you and the account will be closed.

Please indicate your decision:

- I do not wish to begin distribution
I understand that I can delay distribution of funds to a future date; not to exceed April 1st of the calendar year following the year in which I reach age 70 1/2.
I wish to begin distribution
I will contact ING at 1-800-584-6001 to obtain their distribution form.

Type of separation: Resignation of Employment, Retirement, Disability Retirement, Other
Date of separation: _____

In order to avoid a full distribution of your entire account, this form must be returned to the City of San Jose by _____. (Within 30 days of your date of separation)

Please send completed form to: City of San Jose, Human Resources Department, 200 E. Santa Clara St., 2nd Floor Wing, San Jose, CA 95113, Attn: Deferred Compensation

Voice: (408) 975-1465 / Fax: (408) 999-0889 / Email: DeferredCompensation@sanjoseca.gov

Signature _____ Date _____