

Regional Conference Retirement Plan

# Retirement Allowance Authorization

We recommend that the Regional Conference Retirement Plan Office pay the retirement allowance indicated below, and authorize the charge for an equal amount as an additional Retirement Plan Contribution.

Employee Name and Address

SSN#

Retire Date:

Retire ID#

Retirement Allowance is based on \_\_\_\_\_ years of service credit, yielding \_\_\_\_\_ months/hours of basic remuneration.

Full time monthly/hourly rate of remuneration on date eligible for benefits:

Amount of retirement allowance: \$ \_\_\_\_\_

*(See next page for tax deferred option)*

Last Employing Organization:

Authorizing Signature:

Date:

If the employee was called from another participating employer after his/her 60<sup>th</sup> birthday and the contribution should be proportionately, in accordance with NAD Z 40 10 (8), please identify the organization(s) below to share in the contribution cost:

**NOTE:**

**Withholding tax of 20% will be deducted from the portion not paid in a direct rollover.**

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