

Recurring Monthly Cash Balance Account (CBA) Distribution Request

Member Information		
Member's Name _____	SSN _____	
Mailing Address _____		
City _____	State _____	Zip _____
Telephone Number (____) _____		E-mail Address _____

I elect the following amount to be distributed monthly from my Cash Balance Account as a Gross Distribution:

\$_____ Monthly Gross Distribution (20% Federal and 5% State taxes (Arkansas residents only) will be withheld from this amount)

Minimum monthly gross distribution amount is \$200

☐ Please cancel any previous requests

The distribution amount requested above will be withdrawn from your CBA account and deposited into your direct deposit account every month, until such time that you:

- You notify us in writing to cancel the recurring distribution, or
- the funds available in your CBA account are depleted.

Recurring distributions will be processed according to the retiree benefit payroll schedule. Recurring distribution requests received by the 10th day of the current month will be processed that same month. Any requests received after the 10th day of the month will be processed during the following month.

By my signature, I authorize ATRS to make distributions from my Cash Balance Account as directed above on a recurring monthly basis. I understand that ATRS is required to withhold 20% Federal and 5% State income taxes from the monthly distribution. I have reviewed the information above and understand that to cancel this distribution request I must notify ATRS in writing.

Member's Signature _____ Date _____

Failure to complete this application correctly will result in delay of payment.