DETECTIVES' ENDOWMENT ASSOCIATION
ANNUITY FUND
26 THOMAS STREET,
NEW YORK, NY 10007
(212) 587-9120

ANNUITY FUND APPLICATION

Please print clearly and fill out complete form.

Social Security No.:_____ Tax ID No.:_____

Name:_____ DEA ID No.:_____
(*Last, First, MI*)

Address:_____ Apt. No:_____

City:_____ State:_____ Zip:_____

Telephone No.:_____ Cell Phone No.:_____

Reason for Termination: Retirement ☐ Resignation ☐ Other ☐

Date_____ Date_____ Date_____

Choose from One of the Three Options

Option 1: Withdrawal

Federal Tax Withholding at a Rate of 20% will be mandatory from your distribution.

If you retire prior to the age of 50 * (effective 01-01-2016) and elect to withdraw your monies before the age of 59 ½ there is a 10% Penalty on the distribution when you file your year's Income Tax .

Exceptions are Disability Retirement, IRA Rollover, Death, or you reach age 50 in the calendar year you retiree.

_____ _____
Signature **Date**

Option 2: Non-Withdrawal

If you elect to leave your Annuity monies in the DEA Fund, the City will make no Contributions after your Retirement/Termination Date. However, your Account will continue to be invested and you will participate in Gains/Losses like any other Annuity Account.

If you select this Option upon Retirement/Termination and later decide to withdraw your monies, contact the DEA during the months of January, April, July or October (Quarterly).

Mandatory Disbursement – Age 73

(Effective *01-01-2023*)

_____ _____
Signature **Date**

(See Reverse for **Option 3: Qualified IRA Rollover or Deferred Comp**)

Option 3: Qualified IRA Rollover or Deferred Comp (must be Notarized)

You can elect to have your Annuity monies transferred directly into a qualified IRA Account of your choice or your Deferred Comp (401K).

Remember, you cannot have the monies sent to you and then deposited into an IRA Account. That would require a **20%** mandatory Federal Tax Withholding.

Name of Bank/Institution:_____

IRA Account No.:_____

Address:_____

Contact Person:_____

Telephone No.:_____

Email:_____

_____ _____

Signature **Date**

_____ _____

Notary Public **Date**

OFFICE USE ONLY:

Withdrawal: _____ IRA Rollover: _____

Date: _____ Rank: _____

Quarter End: _____ $_____

Cycles: _____ @ _____ $_____

Additional Days _____ $_____ Date Paid:_____

Total Amount: $_____ Check No.:_____

Less Federal Tax: $_____

Total Distribution: $_____