

## **PARS ARP Intent to Withdraw Funds Form**

Cosumnes Community Services District ("District") part-time seasonal or part-time employees hired to work less than 960 hours per fiscal year are enrolled in the Alternative Retirement Plan (ARP) through the Public Agency Retirement Services (PARS).

The ARP works similarly to a traditional deferred compensation plan where participants make a pre-tax contribution into an individual account that belongs to them. ARP participants may elect to withdraw their funds, keep their funds in the account, or roll their funds over to another qualifying account at the end of their employment or when they are no longer eligible for participation. For more information about the plan, please visit the [ARP page](#) located on the District's website.

Employees who are separated or no longer eligible for participation should notify the Human Resources Division of their intent to withdraw funds by completing and returning this form.

Once you complete and return your completed form to Human Resources, PARS will be notified of your request, and a Distribution Package will be mailed to you. This packet will be mailed to you directly from PARS and will include a cover letter, a Special Tax Notice, and a Distribution Election Form. This process may take 4-5 weeks, depending on the last day of service. Upon receipt of the Distribution Package, please carefully review and complete per the included instructions.

A distribution of your account will be made by the PARS Trustee within 60 days of receipt of all correctly completed forms.

Please note – Distributions may be delayed if additional contributions are received after the receipt of all correctly completed forms (e.g., a participant returns to work and participates in PARS ARP.)

If you have any questions, please contact the Human Resources Division at (916) 405-7190 for further assistance.

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### **Employee Information**

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Legal First and Last Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_



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**Reason for Withdrawal (Select only one)**

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\_\_\_\_\_ No longer working at Cosumnes CSD (resigned, terminated, relocated, etc.)

Effective On: \_\_\_\_\_

\_\_\_\_\_ Covered by another retirement system (CalPERS, etc.)

*If you are still employed by the District, a distribution may only occur if the account balance is less than \$5,000 and there had been no deferrals into the plan for a period of 24 consecutive months.*

\_\_\_\_\_ Retirement

Date of Retirement: \_\_\_\_\_

\_\_\_\_\_ Became permanently and totally disabled (required: attach legal documentation)

\_\_\_\_\_ Died on (required: attach copy of death certificate): \_\_\_\_\_

There is an executed beneficiary statement in favor of: \_\_\_\_\_

\_\_\_\_\_ Other (Please explain): \_\_\_\_\_

**Mail or Drop Off Completed Form:**

Cosumnes Community Services District  
Attn: Human Resources  
8820 Elk Grove Blvd.  
Elk Grove, CA 95624

**Fax or Email Completed Form:**

Attn: Human Resources  
Fax: 916-686-2474  
Email: [CSDHR@CosumnesCSD.gov](mailto:CSDHR@CosumnesCSD.gov)