

RSA-1 Request for Periodic Payments



Name Jason Cezarow SSN 421 04 5928

Signature Certification

I have read and understand the RSA-1 SPECIAL TAX NOTICE REGARDING YOUR DISTRIBUTION regarding the distribution of my plan benefits. I attest that the information I provided on this form is true and correct. I understand that I may be subject to civil and criminal liability for any false statement or information provided herein on any resulting distribution from RSA-1 and/or PEIRAF. By signing below, I agree to notify RSA-1 should I become reemployed by my employer or any entity eligible for participation in RSA-1.

Sign Here →
Member

Please have your signature acknowledged before a Notary Public.

Your Signature _____ Date _____

State of _____, County of _____

I, _____, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this _____ day of _____, 20 _____.

Seal

Signature of Notary Public _____

My Commission Expires _____

Employer Certification

If this is a state agency reporting unit, do not submit this form to RSA-1 until all warrant cancellations for this participant have been processed by the state comptroller.

The Employer Certification section is ONLY for participants who have separated from employment within the last six months.

Employing Agency _____

Last retirement contribution was included in the _____ report.
Month or if state employee, last payroll check issue date

Last RSA-1 deferral was included in the _____ report.
Month or if state employee, last payroll check which included an RSA-1 deferral

Last day for which employee is paid _____

Will unused sick or annual leave be deferred to RSA-1? Yes No

If Yes, date unused leave will be paid _____

If a participant has a bona fide severance from employment with no prearranged re-employment and returns to part-time employment with an employer after a break in service of at least three months, the eligible participant may continue to receive withdrawals under a fixed time period or a fixed dollar amount.

I hereby certify that the final salary payment has been made to the above named participant and that this participant has no further contract, written or oral, to return to employment with this agency.

Name and Title _____ Please Print _____

Telephone Number _____ Email Address _____

Date _____

Sign Here →
Payroll Officer