



Post Retirement Option Plan (PROP) Distribution Election Form

For HFRRF Use Only:

Date Received By Date Entered By Date Verified By Control Number Distribution Code

I understand that my distribution options with respect to my PROP Account are limited to: (i) a single lump sum distribution, or (ii) partial payments in accordance with Section 5A(d) of the Texas Civil Statutes article 6243e.2(1) ("the HFRRF Statute").

Section I. - Single Lump Sum Payment (distribution of entire PROP account)

- A. I elect to have my PROP distribution Paid in a Direct Rollover as indicated below in Section III.
B. I elect to have a portion of my PROP distribution Paid in a Direct Rollover as indicated below in Section III, and the Remainder Paid to Me.
C. I elect to have my entire PROP Distribution Paid to Me.

Section II. - Partial Payment(s) (Up to 4 allowed per calendar year)

- A. I elect to have my entire PROP account balance left in the Fund as described in Section 5A(f), 5A(g) and 5A(h) of the Act.
B. I elect to have a portion of my PROP distribution Paid in a Direct Rollover as indicated below in Section III and the remainder of my PROP account balance left in the Fund as described in Section 5A(d) and 5A(e) of the Act.
C. I elect to have a portion of my PROP distribution Paid in a Direct Rollover as indicated below in Section III, a portion Paid to Me in the amount indicated below in Section III, and the remainder of my PROP account balance left in the Fund as described in Section 5(g) and 5(h) of the Act.
D. I elect to have a portion of my PROP distribution Paid to Me in the amount indicated below in Section III and the remainder of my PROP account balance left in the Fund as described in Section 5A(d) of the Act.
E. I understand that this is my (enter 1st, 2nd, 3rd, or 4th) PROP distribution this calendar year.

Section III. - Amount and Method of Issue

- A. Please issue a check to me for \$ (less the applicable withholding) and send it to my address on file with the Fund.
B. Please issue \$ to me (less the applicable withholding) and send by Electronic Fund Transfer (ACH) to my account on file with the Fund.
C. Please issue \$ to me (less the applicable withholding) and send by Electronic Fund Transfer (ACH) to the account listed below.
NOTE: (A, B, or C of this section) I understand that the amount distributed to me after taxes will be \$ Initial
D. Please issue \$ for a direct rollover and send it directly to the Institution listed below:

Name of Institution or Plan Name: Attention:
Account Number: Checking Routing Number:
Address:
City, State, Zip Code:

I have read and understand Section 5A of the HFRRF Statute and all HFRRF policies relating to or implementing Section 5A of the HFRRF Statute.

(Printed) Name & Social Security Number Signature Date
(Identification: , verified by: )

State of \$ County of \$

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared known to me to be the person whose name is subscribed to the foregoing instrument, who did swear and/or affirm and acknowledge to me that he/she executed the same for the purposes declared therein.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the day of , 20 .

My Commission expires Signature