



**PRIOR 457 DEFERRED COMPENSATION PLAN
ONE-TIME (DE MINIMIS) DISTRIBUTION ELECTION FORM**

Employees Retirement System of Texas
Customer Benefits
P.O. Box 13207
Austin, Texas 78711-3207
(512) 867-7711 or (877) 275-4377 Toll-free

**Information provided to ERS is maintained for administration of your benefits.
If you have questions about your information or believe that the information provided to ERS may be incorrect, please notify your agency coordinator or ERS.**

**A mandatory 20% tax is withheld on all distributions unless the funds are rolled into an IRA.
All distributions may be subject to early withdrawal fees assessed by the vendor.**

PLEASE TYPE OR PRINT			
Name: Last, First, MI		Social Security Number	
<input type="checkbox"/> Check if new	Mailing Address	City	State Zip
Home Telephone	Office Telephone		DCP Vendor Number
Name of Vendor		Type of Product	
Account Number (if available)		Date of Last Deferral	Approximate Account Balance
Distribution checks will be sent to the address shown above unless a rollover option is elected below.			
<input type="checkbox"/> Rollover to another qualified plan or IRA (attach any necessary documents from the receiving trustee)			
New Trustee		New trustee's phone number	Account number
Address where check should be mailed			
By signing this application, I hereby acknowledge that the following criteria have been met:			
1. The TexaSaver 457 Plan account balance(s), including the prior 457 Plan, does not exceed \$5,000 as of the date of this one-time De Minimis election.			
2. No deferrals have been made to my TexaSaver 457 Plan account or prior 457 Plan account during the two-year period ending on the date of this De Minimis distribution election.			
3. There has been no prior One-Time (De Minimis) distribution made from the TexaSaver 457 Plan or Prior 457 Plan.			
4. I am currently employed with the State of Texas.			
I HEREBY CERTIFY, under the penalties of perjury, that I am not a party to any suit of divorce, nor am I aware that a divorce is pending or anticipated. If previously divorced, and if I had been married at any time while being an ERS member, then a copy of the divorce decree has been provided to ERS.			
Employee Signature _____			Date _____
ERS Authorization Sign here			Date