

# City of Burlington Pension Plan

## Forms Audit Checklist Annuity Payments & Lump Sum

Participant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Forms Audit Review Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

**Forms that do not get returned:**

**Form A: Calculation of Benefit Options**

**Form B: Explanation of Benefit Options**

**Form K: Special Tax Notice**

**Package is received (H&H date stamped) in good order within 180 days from the letter date of:**  
\_\_\_\_\_ (see letter on DBP)

Benefit Start Date is: \_\_\_\_\_. Retros due  yes  no Retro period: \_\_\_\_\_

**Has SC receipt of this package occurred prior to participant termination?**  yes  no, term date \_\_\_\_\_  
If yes, client confirmation of termination must be provided prior to processing.

**Notary stamp requirement reviewed:** State \_\_\_\_\_ Stamp Type required:  None  Embossed  Stamp  
(If stamp requirement is embossed, must be able to clearly see embossing.)

**Form C: Pension Benefit Election Form**

Annuity election checked off  Form of annuity checked off **Annuity start date** \_\_\_\_\_

Lump Sum checked off  Method of payment checked off

Signature and date at the bottom appears

Address, Social Security Number, phone number, and email address complete (data items not mandatory)

Compare to DBPEP for needed data changes. Changes are  none or \_\_\_\_\_

**Form D: Beneficiary Election Form** – Needed only if Option 2 or Option 3 selected

N/A Option 2, Option 3 or Option 4 not selected

Top Section, Primary Beneficiary, must be completed if option 2, 3 or 4 selected  Bene DOB matches Form A

Bottom Section, Contingent Beneficiary, completed (Contingent is only for Option 2, but not required)

Signature and date at the top

**Form E: Affidavit as to Marital Status**

State and County filled in (ss.: is for Town/City, but not required)

(1) Marital Status complete

(2) QDRO Status checked off:  If "I am subject to QDRO", QDRO offset appears on benefit calc.

Participant signature appears

Notary section complete with correct stamp requirement or  Plan Rep signature and date appears

Notary Commission Expires: \_\_\_\_\_

**Form F: Waiver of Joint & Survivor Annuity** (Needed only if married and **did not** elect J&S)

N/A – participant not married

N/A – participant is married and elected J&S

Participant signature and date appears

Spouse signature and date appears

Notary section complete with correct stamp requirement or  Plan Rep signature and date appears

**Form G: Lump Sum Rollover Election**

Check-off Option 1 or Option 2

Participant's DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Is there a Required Minimum Distribution?  Yes  No Amount: \_\_\_\_\_

N/A  If Option 2 selected, amount payable to participant must be noted.

Rollover account name, account number, and the address of financial institution included.

Signature and date at bottom (if joint account, joint account holder must sign and date as well).

Participant Name: \_\_\_\_\_

- Form H: Waiver of 30-Day Election Period**
  - N/A - Payment start date is > than 30 days after date on cover letter: **Date on cover letter:** \_\_\_\_\_
  - Participant signature and date appears
  - Spouse signature and date appears  N/A – participant not married
  - Notary section complete with correct stamp requirement or  Plan Rep signature and date appears
  
- Form I: Direct Deposit Authorization**
  - Not returned
  - All lines of information complete
  - Must include a canceled or voided preprinted check or preprinted deposit slip
  - Signature and date at bottom (if a joint account, joint account holder must sign and date the bottom as well)
  
- Form J: Withholding Election Form**
  - Federal withholding election checked
  - If using tables, marital status and exemptions filled in
  - Tax State filled in (not required)
  - State Withholding election checked
    - N/A, CT resident – CT-W4P in good order?  Yes  No
  - If using tables, marital status and exemptions filled in
  - If flat amount checked, dollar or % completed
  - Signature and date at bottom appears
  
- Must include copy of Driver’s License, copy of Notarized Birth Certificate or copy of Passport included (circle document returned)**
  - Verify date of birth against Form A
  
- Beneficiary’s Driver’s License, beneficiary’s Notarized Birth Certificate or beneficiary’s Passport (only needed if Form D was required)**
  - N/A – Form D was not required
  - Verify date of birth against Form A
  
- Marriage Certificate (only needed if married) \*Cannot accept Church Certificate, only Town Certificate**
  - N/A – Not married
  - Correct Certificate received
  
- Death Certificate (only needed if package is for surviving beneficiary)**
  - N/A

**The death certificate may have already been provided. Check DBP if not included with package.**

**Cash Review**

- Lump sum or Retro - cash available in the trust to pay this benefit is \$ \_\_\_\_\_ Date: \_\_\_\_\_
- Payment to be added to next monthly cash account review