

Request for Distribution City of Carson

Completed forms should be sent to: **Public Agency Retirement Services**
P.O. Box 12919, Newport Beach, CA 92658
Fax: (949) 250-1250
admin@pars.org

Legal Name of Participant _____

Address of Participant _____

City _____ State _____ Zip _____

Phone (____) _____ Date of Birth _____

Social Security Number _____ Sex _____

Type of Plan

401(a) Alternate Retirement System

Qualifying Event *(select only one)*

Terminated employment with the City effective _____

Retired on _____

Became permanently and totally disabled on _____

Changed employment status to a position covered by another retirement system on

Died on _____

There is an executed beneficiary statement in favor of _____

Please determine the benefits due to the above employee/beneficiary and arrange for payment of such benefits

Plan Administrator or Authorized Person

Date