



## DISTRIBUTION ELECTION COMMONWEALTH OF VIRGINIA VOLUNTEER FIREFIGHTERS' & RESCUE SQUAD WORKERS' SERVICE AWARD PROGRAM

### PART A. MEMBER INFORMATION

1. <b>Name</b> (First, Middle Initial, Last)		
2. <b>Address</b> (Street, City, State and ZIP+4)		
3. <b>Social Security Number</b>	4. <b>Date of Birth</b>	5. <b>Phone Number</b>
6. <b>Department/Squad Information</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Fire   <input type="checkbox"/> Rescue</div><div>Department/Squad Name: _____ Location/County: _____ Total years of service (full years only, no additional months): _____ years</div></div>		

### PART B. BENEFICIARY INFORMATION (if applicable)

1. <b>Name</b> (First, Middle Initial, Last)		
2. <b>Address</b> (Street, City, State and ZIP+4)		
3. <b>Social Security Number</b>	4. <b>Date of Birth</b>	5. <b>Phone Number</b>

### PART C. DISTRIBUTION SELECTION – Check appropriate box(es)

<input type="checkbox"/> <b>Member under age 60 withdrawing from the VOLSAP Fund and requesting distribution.</b> I am entitled to my contributions minus investment losses and an administrative fee of \$25. Members under age 60 do not receive State or Department/Squad contributions.	
<input type="checkbox"/> <b>Member age 60 or older, served less than five years as an eligible volunteer.</b> I am entitled to a lump-sum distribution equal to the amount of my contributions, plus or minus investment gains or losses.	
<input type="checkbox"/> <b>Member age 60 or older, served between five and 10 years as an eligible volunteer.</b> I am entitled to a lump-sum distribution equal to the amount of my contributions, any contributions made on my behalf by my Department/Squad and the percentage as checked below of any contributions that may have been made by the State, plus or minus investment gains or losses on all contributions. <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> End of year 5, 5% of State contributions <input type="checkbox"/> End of year 6, 10% of State contributions <input type="checkbox"/> End of year 7, 25% of State contributions</div><div><input type="checkbox"/> End of year 8, 45% of State contributions <input type="checkbox"/> End of year 9, 70% of State contributions <input type="checkbox"/> End of year 10 or beyond, 100% of State contributions</div></div>	
<input type="checkbox"/> <b>Beneficiary.</b> As a beneficiary, I am entitled to a lump-sum distribution of the full value of the account of the member name above in Part A.	

### PART D. MEMBER/BENEFICIARY CERTIFICATION

I certify I am entitled to a distribution from my account as indicated above. I understand no taxes are due on contributions made by me. Contributions made by the State or my Department/Squad as well as earnings on all contributions are taxable and will be reported to the IRS on Form 1099. Distributions will be made no later than December 31 following the close of the plan year on June 30.	
<input type="checkbox"/> Check this box if you are the beneficiary, sign above, complete Part A with the member's information, and attach a copy of the death certificate.	
_____ Member/Beneficiary Signature	_____ Date
<input type="checkbox"/> Check this box if you are the beneficiary, sign above, complete Part A with the member's information, and attach a copy of the death certificate.	

### PART E. DEPARTMENT/SQUAD CERTIFICATION (If department or squad has ceased operations, do not complete and proceed to Part F)

<input type="checkbox"/> I certify the above-named applicant is eligible for a distribution of his or her account as requested above.	
<input type="checkbox"/> I certify that the applicant is the beneficiary (if appropriate box checked in the Member/Beneficiary Certification).	
_____ Authorized Signer's Printed Name	_____ Date
_____ Authorized Signer's Title	_____ Daytime Phone Number
_____ Authorized Signature	

**PART F. CERTIFICATION THAT DEPARTMENT/SQUAD HAS CEASED OPERATIONS**

- ☐ I certify to the best of my knowledge and belief that (i) the department or squad listed in Part A has ceased operations and (ii) all information I have provided on this form regarding my eligibility for a distribution is accurate.

\_\_\_\_\_  
Member/Beneficiary Signature

\_\_\_\_\_  
Date

- ☐ Check this box if you are the beneficiary, sign above, complete Part A with the member's information, and attach a copy of the death certificate.

**Send completed form to:**

**USI Consulting Group, Attn:  
VOLSAP Recordkeeping Team,  
5301 Virginia Way, Suite 400,  
Brentwood, TN 37135;  
Fax: 615-665-1650.**

**Email questions to:  
volsap@usi.com.**