

SISC DEFINED BENEFIT PLAN

Request for Benefit Payment

This form is to be completed by the SISC Defined Benefit Plan participant (employee). When you cease employment with ALL participating districts, you need to complete a Request for Benefit Payment form in order to receive your benefit payment. The completed form must be returned to SISC. You may email or fax it to our office or use the mailing address provided below. Please keep a copy for your records. **BENEFITS CANNOT BE PAID UNTIL THE SISC OFFICE RECEIVES YOUR SIGNED REQUEST FOR BENEFIT PAYMENT FORM. PLEASE CALL OUR OFFICE BEFORE JANUARY 10TH TO CONFIRM SISC RECEIVED YOUR SIGNED FORM.**

After your form has been received, SISC will send you additional information mid-January about your benefit payment. Lump sum distributions occur only once a year, within 60 days after December 31st. **Request for Benefit Payment forms must reach the SISC office by January 10th in order to be eligible for the next distribution. No exceptions.**

Benefit payments are only issued once each year in March. *Hardship or partial withdrawals are NOT available.*
TYPE OR PRINT CLEARLY

Your Name: _____

Last

First

Middle

Social Security Number: _____ Date of Birth: _____

ANSWER BOTH OF THE FOLLOWING QUESTIONS:

Yes No

☐ ☐

I am age 62 or older (entitled to in-service distribution).

☐ ☐

I am no longer working for the school district. *If no, please answer the question below:*
My last day of work with the school district was (approx.): _____

My current address is: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

I certify under penalty of perjury that the foregoing is true and correct. I further certify that I am no longer working for a participating district OR I am age 62 or older.

Employee's Signature: _____ Date: _____

PLEASE MAKE A COPY FOR YOUR RECORDS. IT IS YOUR RESPONSIBILITY TO CALL THE SISC OFFICE BEFORE THE DEADLINE TO ENSURE THAT YOUR FORM HAS BEEN RECEIVED. PLEASE EMAIL, FAX OR MAIL YOUR FORM TO:

MAILING ADDRESS:

SISC Defined Benefit Plan

P.O. Box 1808

Bakersfield, CA 93303-1808

EMAIL: SISCDBP@siscschools.org

FAX: (661) 636-4063

PHONE: (661) 636-4602 - (800) 972-1727

Physical/Street Address:

SISC Defined Benefit Plan

2000 K Street – 5th Floor

Bakersfield, CA 93301

<http://sisc.kern.org/dbp>

A Joint Powers Agreement administered by the Kern County Superintendent of Schools Office
John G. Mendiburu, Ed.D., Superintendent