

ADAMS COUNTY BOARD OF RETIREMENT  
4430 SOUTH ADAMS COUNTY PARKWAY  
SUITE C3406  
BRIGHTON, CO 80601-8202  
Phone No. (720) 523-6167 Fax (720) 523-6322  
Website www.acretirement.org

**ADAMS COUNTY RETIREMENT PLAN  
NOTICE OF INTENT TO BECOME DEFERRED VESTED MEMBER**

**If you choose to become a Deferred Vested Member, please return this form to the Retirement Office within 60 days after your date of termination.**

**Part I – General Information (please print)**

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_ Date of Termination \_\_\_\_\_  
Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Part II – Qualified Public Safety Employee**

If you are employed by Adams County as a “qualified public safety employee” and you are at least 50 years of age by the end of the calendar year in which you separate from service, the taxable portion of any distribution will not be subject to the 10% penalty tax for early withdrawal.

A “qualified public safety employee” means an employee of a State or political subdivision of a State whose principal duties include services requiring specialized training in the area of police protection, firefighting services, or emergency medical services for any area within the jurisdiction of the State or political subdivision.

**Please check one of the following:**

I am employed by Adams County as a qualified public safety employee and I will be at least 50 years of age by the end of the calendar year in which I separate from service.  Yes  No

**Part III – Election to Become Deferred Vested Member**

I acknowledge that I have received a statement of the benefit options available to me under the Adams County Retirement Plan (the “Retirement Plan”) as a result of my terminated vested status.

I elect to leave my Contribution Accumulation in the retirement fund and become a deferred vested member. I understand that, prior to receiving my monthly benefit, I have the right to elect a refund of my Contribution Accumulation (with appropriate spousal consent), plus any payments I made for the purchase of service credit, with interest. If I elect to receive a refund of my Contribution Accumulation (plus any payments I made for the purchase of service credit), I will forego any other benefits under the Retirement Plan.

I understand that I must inform the Retirement Office of changes to my address so that I will receive timely information regarding my future retirement benefit.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date