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Application for Refund of Member Contributions

Please type or print in ink all entries except signatures.

Directions: You must complete Sections 1, 2 and 5 of this application. Your employer must complete Section 6. If you have worked for more than one employer in the last 90 days, you must complete a separate application for each employer. In accordance with state law your employer must hold the application for 90 days after your last day of work before certifying the information on this application. Refund payments are issued on the 15th of each month.

Section 1 - Member Information

Form section for member information including fields for Last Name, First Name, Middle Initial, Suffix, Social Security Number, Address, City, State, and Zip Code, Primary Telephone Number, and Secondary Telephone Number.

Section 2 - Payment Distribution

In accordance with provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax-sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over by LSERS into an IRA or transferred to another qualified plan. Select all that apply:

- A. I want my total distribution paid directly to me. I am aware of the mandatory 20% federal income tax withholding on tax-sheltered distributions.
B. I want my total distribution rolled over into an IRA or transferred to the qualified plan named below. Complete Section 4.
C. I want \$ of my contributions sent to me and the remaining amount rolled over to an IRA or transferred to a qualified plan named below. Complete Section 4.
D. I want my distribution method to be: Check Direct Deposit (Complete Section 3 and attach a voided check)
E. I want LSERS to withhold an additional 10% for federal income tax from all tax-sheltered distributions paid directly to me.

Section 3 - Direct Deposit (available for distribution paid directly to you)

Form section for direct deposit information including fields for Name of Institution, Account type (Checking/Savings), Name and Title of Contact Person, Routing Number, Telephone Number, and Account number.

Section 4 - Rollover

Form section for rollover information including checkboxes for Roth IRA, Traditional IRA, and Qualified plan, specify type, and fields for Name of Institution, Mailing Address, City, State, Zip, Name and Title of Contact Person, and Telephone Number.

Section 5 - Member Certification

I hereby make application for the return of the contributions to my credit in LSERS. I do hereby waive for myself, my heirs and assigns all my rights, title and interest in the funds held in my name with LSERS. I have read Special Tax Notice, Fact Sheet 20.

Form section for member certification including fields for Member's signature (Do not print or type) and Date signed (mm-dd-yyyy).

Section 6 - Agency Certification (must be completed by employer) 90 days after termination date.

I certify that the above named person is no longer employed by, employer ID: as of / /, and all salary and contributions have been correctly reported. In processing a member's request for refund of contributions, LSERS may rely upon the information in this certification. The employer acknowledges that it is responsible for any error on its part.

Form section for agency certification including fields for Employer signature (authorized representative), Title, and Date signed (mm-dd-yyyy).

Remember to attach a voided check to the back of this form if you elect direct deposit.

**Important Information Regarding the Refund of Your Contributions**

If you are ending your employment because you are totally and permanently disabled, and are no longer able to perform the duties for which you were hired, you may be eligible for a disability benefit from this system. For more information, refer to Disability Retirement Fact Sheet 16. You must have 10 years of service credit in order to apply for disability retirement if you joined LSERS after June 30, 2006. Otherwise, you only need 5 years of service credit.

If you were injured on the job and are receiving worker's compensation benefits, you are eligible to continue your membership in this system. You must make contributions based on your worker's compensation benefit in order to continue receiving service credit in the retirement system.

If you are transferring to employment covered by the Teachers' Retirement System of Louisiana or the Louisiana State Employees' Retirement System, and have five years of credit in LSERS, you can choose to remain a member of LSERS. If you are transferring to employment covered by any other public retirement system in Louisiana, you have the option of transferring your service credit and money from LSERS to the other public retirement system or executing a reciprocal recognition of credit.

**Transfers of Service Credit and Reciprocal Agreements, see Fact Sheet - 5**

**Important Information Regarding Taxes, see Fact Sheet - 20**

**Attach voided check here**