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LOUISIANA SCHOOL EMPLOYEES' RETIREMENT SYSTEM

Application for Refund of Contributions to Beneficiary

Please type or print in ink all entries except signatures

Directions: Named beneficiary must complete this application. If there is more than one named beneficiary, each named beneficiary must complete a Form 7D. A certified copy of the death certificate of the member and a copy of the named beneficiary's social security card must be submitted with this application.

Section 1 - Member Information

Form fields for Section 1: Last Name, First Name, Middle Initial, Suffix (Jr., III, etc.), Social Security Number, Date of Death

Marital Status - Check one:

- Never Married, Legally Married, Divorced, Widowed

Section 2 - Named Beneficiary Information

Form fields for Section 2: Last Name, First Name, Middle Initial, Suffix (Jr., III, etc.), Social Security Number, Address (Street/P.O. Box), Primary Telephone Number, City, State, and Zip Code, Secondary Telephone Number

Section 3 - 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 5.
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 5.
D. I want my distribution method to be: Check, Direct Deposit (Complete Section 4 and attach a voided check)
E. I want LSERS to withhold an additional 10% in federal income tax withholding from all tax-sheltered distributions paid directly to me.

Section 4 - Direct Deposit (available for distributions paid directly to you)

Form fields for Section 4: Name of Institution, Account type: Checking, Savings, Name and Title of Contact Person, Routing Number, Telephone Number, Account Number

Section 5 - Rollover

- Roth IRA, Traditional IRA, Qualified plan, specify type: Account number

Form fields for Section 5: Name of Institution, Mailing Address, City, State, Zip, Name and Title of Contact Person, Telephone Number

Section 6 - Named Beneficiary Signature

As the named beneficiary, I hereby make application for the return of the contributions in the above named deceased member's account with LSERS. I do hereby waive for myself, my heirs and assigns all my rights, title and interest in the deceased member's account upon receipt of contributions. I have read Fact Sheet 20.

Form fields for Section 6: Signature of Named Beneficiary (Do not print or type), Date Signed (mm-dd-yyyy)

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

Attach voided check here