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01-07
Form 7
01/19

Application for Refund of Member Contributions

- Carefully read page 2 of the application for possible options in lieu of refunding.
- Complete this form only if you are no longer employed in a position that mandates membership with LSERS.
- If you have at least 5 years of retirement credit but are not at retirement age, additional forms may be required before payment is issued. Please consult with your employer or contact LSERS to avoid delays.
- If all required information/paperwork is provided, payments are processed bi-weekly; on Wednesday or the next business day if a holiday.

Section 1 - Member Information

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 2 - Federal Tax Withholding (Consult with your tax advisor if choosing NOT to rollover funds)

In accordance with provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax-sheltered distributions paid directly to you require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over. Please mark below if you'd like an additional 10% withheld.

I want LSERS to withhold an additional 10% federal income tax from all tax-sheltered distributions paid directly to me.

Section 3 - Payment Distribution

- I choose to directly receive all my funds (minus applicable federal income tax)
- I choose to directly receive a portion of my funds (minus applicable federal income tax) in the amount of \$_____ and have the remainder rolled over (Must complete Section 5)
- I choose to rollover my funds and defer federal income tax withholding (Must complete Section 5)

Section 4 - Direct Deposit (Attach a voided check to assist with accuracy)

Failure to complete this section, distribution issued directly to you will default to a paper check.

I direct LSERS to deposit funds into the below referenced account according to my distribution selection. Additionally, I authorize LSERS to electronically retrieve any funds determined *not due* to me, either before or after my death. I further authorize the financial institution to release to LSERS any and all information requested for the purpose of this business relationship to include, but not limited to, contact information for any joint account holders or power of attorney documentation and their related contact information:

Name of Institution	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name and Title of Contact Person	Routing Number
Telephone Number	Account number

Section 5 - Rollover (Distribution will be issued as a paper check. Attach financial institution's documentation to ensure accuracy)

Roth IRA Traditional IRA Qualified plan, specify type:

Name of Institution	Account Number
Mailing Address	Name and Title of Contact Person
City, State, and Zip Code	Telephone Number

Section 6 - Member Certification

I acknowledge that I have read the provisions of this form and fully understand that I am withdrawing my retirement contributions thereby cancelling any rights for me, my heirs, and assigns, all my rights, title and interest for future monthly benefits. I accept full responsibility for this decision.

Member's signature (Do not print or type)	Date signed
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