


**MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM  
OF LOUISIANA**

**MEMORANDUM**

TO: ALL MUNICIPALITIES

FROM: ROBERT L. RUST, DIRECTOR 

RE: MANDATORY DIRECT DEPOSIT FOR REFUNDS

DATE: JANUARY 21, 2014

At the January 16, 2014 Board Meeting, the Trustees passed a resolution to mandate direct deposit for all refunds of contributions effective March 1, 2014.

Please begin using the attached form, which includes the form for direct deposit banking information. You may also complete and download this form from our website at [www.mersla.com](http://www.mersla.com). If this form is not properly completed or signed, it will be returned to the municipality and the member's refund will be delayed.

If you have any questions, please call the office.

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Blvd., Baton Rouge, LA 70809

225-925-4810 or 800-820-1137

Fax 225-925-4816

APPLICATION FOR REFUND

IMPORTANT: REFUNDS ARE PAID ONLY WHEN AN EMPLOYEE TERMINATES EMPLOYMENT OR IN THE CASE OF THE DEATH OF THE MEMBER. A REFUND OF CONTRIBUTIONS CANNOT BE PAID UNTIL THIRTY (30) DAYS AFTER YOUR TERMINATION DATE OR DEATH AND ALL EMPLOYEE AND EMPLOYER CONTRIBUTIONS THROUGH THE LAST DAY WORKED HAVE BEEN RECEIVED BY THE RETIREMENT SYSTEM OFFICE. REFUNDS TAKE APPROXIMATELY 45-60 DAYS TO PROCESS.

MEMBER INFORMATION (must be completed by applicant)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Last date of municipal employment: \_\_\_\_\_

If member signing: I hereby certify that I have completely terminated my service with the municipality and make application for return of the accumulated employee contributions in the annuity savings account standing to the credit of myself. In consideration of the return of such amount, I do hereby waive and relinquish for myself, my heirs, and my assigns, all accrued rights in the system. I also understand that credit for all service is forfeited by acceptance of said refund and that in order to reestablish such forfeited credit; I must again become a member of the system, remain a contributor for six (6) months, and then repay the refund plus interest.

COMPLETE ONLY IF MEMBER IS DECEASED

BENEFICIARY INFORMATION (Certified copy of death certificate must be attached)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Member's date of death: \_\_\_\_\_

If beneficiary signing: I hereby certify that the member is deceased. Please see a copy of the death certificate attached. I also certify the following:

Check one of the following:

- There is no surviving spouse or surviving minor children of the member.
There is a surviving spouse entitled to survivor benefits (member had five or more years of creditable service) and she signs below waiving, her rights to the survivor benefits and requests the refund.
There are surviving minor children with no unmarried surviving spouse and they have all signed below, through their legal tutor (tutorship order attached allowing this waiver), unless the total refund is less than \$10,000, in which case the surviving natural parent may sign, waiving the survivor benefits and requesting the refund. PLAN A MEMBERS ONLY

By signing below at signature of survivor, I (We) do hereby waive and relinquish for myself (ourselves) my heirs and my assigns all accrued rights in the system.

Application for Refund continued

I understand that Federal Law permits a rollover of the taxable portions of my refund to an IRA or to another qualified retirement plan. All tax-sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over by Municipal Employees' Retirement System of LA into an IRA or transferred to another qualified plan.

Check one of the following distribution options:

- I want my total distribution paid directly to me. I am aware of the mandatory 20% federal income tax withholding on tax-sheltered distributions.
- I want my unsheltered (after-tax) contributions sent to me and the tax-sheltered distribution directly rolled over to an IRA or transferred to the qualified plan named on attached "Request to Transfer" from financial institution and request to rollover contributions form.

I am transferring to another municipal agency participating in MERS. Check one:  Yes  No  
Any member transferring from one municipal agency to another that participates in MERS is not eligible for a refund as municipal service is not terminated and membership continues.

Signature of Member: \_\_\_\_\_ Date signed: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date signed: \_\_\_\_\_

Signature of Survivor, Beneficiary, Surviving Spouse, Legal Tutor, Surviving Natural Parent (circle one): _____	Date signed: _____
Signature of Survivor, Beneficiary, Surviving Spouse, Legal Tutor, Surviving Natural Parent (circle one): _____	Date signed: _____
Signature of Survivor, Beneficiary, Surviving Spouse, Legal Tutor, Surviving Natural Parent (circle one): _____	Date signed: _____

<b>MUNICIPALITY CERTIFICATION (must be completed by employer)</b>	
I certify that the above named member is no longer employed by the municipality of _____	
as of _____ which is the last day of work for which the member received pay or the member's last day of leave.	
Date of last paycheck: _____	
Signature of authorized representative: _____	Date: _____

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS AUTHORIZATION FOR DIRECT DEPOSIT IS COMPLETED**

**FOR OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION**

Direct Deposit Date: \_\_\_\_\_

# Authorization for Direct Deposit

**IMPORTANT:** Complete the entire form. Follow the specific instructions for each section. **Attach a voided personal check.**

## Section I: To be completed by Payee (MERS Member, Items A through J below)

I hereby authorize and request the Municipal Employees' Retirement System of Louisiana (MERS) to direct the net amount of my contributions payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments.

I further authorize the financial institution (bank) to release to MERS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on this form.

A. Name of Payee: Last, First, MI, Suffix (Jr., III, etc.)

B. Social Security Number

C. Mailing Address of Payee (Number, Street or P.O. Box Number)

D. City, State, and Zip Code

E. Payee's Daytime Telephone Number (with area code)

F. Signature of Payee or Legal Authorized Representative of Payee

G. Date Signed (MM/DD/YYYY)

H. Name and Complete Address of Financial Institution

I. Type/Number of depositor account (check one)

Checking  Savings

Account Number: \_\_\_\_\_

J. Routing Number: \_\_\_\_\_

PLEASE TAPE OR STAPLE VOIDED CHECK HERE