

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: _____ Municipality: _____

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.

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: _____

Member Name: _____

Social Security Number: _____

MUNICIPALITY CERTIFICATION (must be completed by employer)

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 MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION

VESTED: Y N Date Notarized Release Received: _____

Eligible for refund: Y N Checked By: _____ Date: _____

Refund Eligibility Date: _____ Approved: _____

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. Type/Number of depositor account (check one)

Checking Savings Debit Card

Account Number: _____

J. Routing Number: _____

I. Name and Complete Address of Financial Institution

CHECKING OR SAVINGS ACCOUNTS MUST BE IN YOUR NAME. REFUNDS CANNOT BE DEPOSITED INTO AN ACCOUNT THAT IS NOT FOR THE MEMBER.

PLEASE TAPE OR STAPLE VOIDED CHECK HERE
OR
DEBIT CARD DIRECT DEPOSIT FORM