

# Municipal Employees' Retirement System of Louisiana

7937 Office Park Boulevard, Baton Rouge, LA 70809

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## REQUEST FOR ROLLOVER OF TAXABLE EMPLOYEE CONTRIBUTIONS

BEFORE completing this form, please read the Special Tax Notice Regarding Plan Payments which may be obtained from your Employer.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Employer \_\_\_\_\_

Employee's Date of Birth \_\_\_\_\_

Employee's Continuous Service Started \_\_\_\_\_

Last Day on Municipal Payroll \_\_\_\_\_

Federal Law permits you to rollover the taxable portion of your refund to an Individual Retirement Account (an IRA) or to another qualified retirement plan. If payment of this taxable portion is not made directly to an IRA or to another qualified retirement plan, the Municipal Employees' Retirement System is required by federal law to withhold 20% of the taxable portion of your refund. **IF YOU ELECT TO ROLLOVER THE TAXABLE PORTION, PLEASE HAVE THE FINANCIAL INSTITUTION THAT IS TO RECEIVE THE PAYMENT TO SUBMIT A "REQUEST TO TRANSFER" FORM WITH PAYMENT INSTRUCTIONS.** *Please note* that the portion of your refund that is not taxable cannot be rolled over; this portion may only be paid to you.

**I DO** elect to rollover the taxable portion of my refund. If you check this line, please provide the name and address of the financial institution that will be receiving the rollover.

\_\_\_\_\_  
Name and address of Institution Accepting Rollover

\_\_\_\_\_  
Signature of Employee Date  
(By signing, I verify that I have read the Special Tax Notice)