

**FIREFIGHTERS' RETIREMENT SYSTEM**

Po Box 94095, Capitol Station

Baton Rouge, LA 70804-9095

Telephone Number: (225) 925-4060 Fax Number: (225) 925-4062

**REQUEST FOR REFUND OF CONTRIBUTIONS**

I hereby make application for refund of accumulated contributions on deposit in my account at the Firefighters' Retirement System. I do hereby waive and relinquish for myself, my heirs, and my assigns, all accrued rights in the retirement system. I understand that all creditable service will be forfeited upon acceptance of said refund. I also understand that if I am re-employed, I must wait for a period of 18 months before I am eligible to repay those contributions plus interest to restore my service credit. I understand that if I am re-employed after attaining age 50, I will not be eligible for membership or repayment. Note: If you have been dismissed and you are appealing your dismissal to the Civil Service Board, it is suggested that you do not accept a refund, pending the Civil Service Board decision.

**INSTRUCTIONS TO APPLICANT**

- Please rollover pre-tax contributions in the amount of \$ \_\_\_\_\_ to the financial institution indicated below. If you do not know the exact dollar amount of your contributions, but you want the entire balance transferred, write "Entire Balance" in the amount field above and all eligible contributions will be included in the rollover to the financial institution listed below. An approved acceptance letter from the financial institution that states that the funds are being transferred into a qualified plan as determined by the Internal Revenue Code must be attached to this request.
- I hereby certify that I received from the FRS Plan Administrator a copy of the special tax notice regarding plan payments (IRS Notice 2014-74). I read and understand the notice. I do not wish to wait until the 30-day notice period ends before my refund is processed. I hereby affirmatively elect to waive the 30-day notice period.

If you choose not to rollover your funds, and instead receive a check payable to you, provide Name & Address to mail check to member:

If you choose to rollover your funds, provide the financial institution's Name & Mailing Address:

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Member's Name (please print):

Telephone Number:

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Member's Signature:

Date:

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Witness' Signature:

No request for refunds will be honored until certified by the employing agency. Refunds and/or rollovers shall not be payable until 90 days after termination and all contributions are received. Checks are only processed once per month and must be received by the 15<sup>th</sup> of the month. Checks must be made payable to the member unless being transferred in a direct rollover.

**( Form continued on back – completion is required to process request)**

**INSTRUCTIONS TO EMPLOYING AGENCY**

This section is not to be completed and submitted until **30 days after termination**. Should the member become re-employed within **90 days after termination**, this request will become invalid.

**This is to certify that** \_\_\_\_\_, SS# \_\_\_\_\_ **has terminated his employment with the** \_\_\_\_\_ **Fire Department effective** \_\_\_\_\_.

\_\_\_\_\_  
Mayor or City Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date