

MONROE COUNTY EMPLOYEES RETIREMENT SYSTEM
APPLICATION FOR REFUND OF ACCUMULATED CONTRIBUTIONS

TO: BOARD OF TRUSTEES OF MONROE COUNTY
EMPLOYEES RETIREMENT SYSTEM

I, _____ Social Security Number _____

hereby request a refund of my accumulated contributions as follows:

A. ___ I request that full payment be made to me. I acknowledge that twenty (20%) percent of the taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

-OR-

B. ___ I request that (1) ___ all (in which case no withholding will apply to me), or (2) ___ a portion totaling \$_____ of the otherwise taxable portion of my distribution be forwarded to:

Name of Recipient Plan/IRA: _____

Address: _____

City, State and Zip: _____

as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required 20% withholding.

Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 401(a) (Qualified Retirement Plan), 403(a) (Annuity Contract), 408(a) (Individual Retirement Account), 408(b) (Individual Retirement Annuity), or other applicable IRC section type of account to which the direct rollover is allowed.

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code.

I acknowledge that 1099R(s) will be issued regarding the withdrawal from the Retirement System

I hereby release the Retirement System and its Board of Trustees and the County-employer from any and all liability relative to the aforesaid amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid amounts forwarded/transferred consistent with this document.

I ACKNOWLEDGE THAT THE RETIREMENT SYSTEM, ITS EMPLOYEES AND REPRESENTATIVES DO NOT GIVE TAX ADVICE AND I AFFIRM THAT THEY HAVE MADE NO REPRESENTATION NOR HAVE THEY GIVEN ANY ASSURANCE WITH RESPECT TO WHAT MAY OR MAY NOT BE PERMISSIBLE UNDER THE TAX LAW. I WILL CONSULT WITH A TAX ADVISOR OF MY CHOICE.

Signature of Witness

Signature of Member

Address of Witness

Address of Member

City State Zip

City State Zip

DO NOT WRITE BELOW THIS LINE

Accumulated Contributions Principal \$ _____

Interest \$ _____

Total \$ _____

Refunded to _____ Retirement No. _____

Disbursement Request No. _____ Dated _____

Check No. _____ Dated _____ Date Mailed/Picked Up _____

Verified for Payment by _____ Date _____