



Notice of Final Deposit and Request for Refund

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

Check One: TRS ERS JRF SNU Supernumerary members only

Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Telephone Number _____ Email Address _____

Date of Birth _____

RSA Account Number (if known) _____

Distribution Information

Read the enclosed special tax notice before completing the remainder of this form.

Select **only one** distribution option:

Lump Sum Payment

I elect to receive (at the above address) full distribution of my account, less the 20% federal income tax withholding required.

Direct Rollover

I elect to have _____% of the *taxable* benefit transferred directly to the trustee named below. (For transfers less than 100%, the remainder of the account less the mandatory 20% federal income tax withholding, will be paid to me at the above address.)

Rollover Trustee/Custodian Information requires the signature from the Rollover Trustee/Custodian Official.

Rollover Trustee/Custodian Information (complete only if Direct Rollover is checked)

Rollover Trustee/Custodian _____ Account Number _____

Contact Person _____ Telephone Number _____

Address _____
Street or P.O. Box City State ZIP Code

Type of account into which money will be transferred: (An Education IRA is **not** an eligible plan)

401 Qualified Retirement Plan 403(a) Annuity Contracts 403(b) Tax Sheltered Annuity Roth IRA

408(a) Individual Retirement Account 408(b) Individual Retirement Annuity Governmental Deferred Compensation Plans (IRC 457)

Plan accepts non-taxable funds? Yes No

Sign Here →
Trustee/Custodian

Trustee/Custodian Official Signature _____ **Date** _____

Signature by Trustee/Custodian Official affirms acceptance of transfer.

Signature Certification

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Your Rollover Options prior to signing this certification. I also certify that I have read the Employment Termination Statement on the back of this form.

Sign Here →
Member

Your Signature _____ **Date** _____

State of _____, County of _____

I, _____, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this _____ day of _____, 20 _____.

Seal

Signature of Notary Public _____

My Commission Expires _____



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Name _____ SSN _____

Employer Certification

To be completed by the employing agency

Employing Agency _____

Last pay period end date _____
Month/Day/Year

Termination/Enrollment end date _____
Month/Day/Year

I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment at said agency.

Sign Here →
Employer

Payroll Officer Signature _____ Date Submitted _____

Remember: Enrollment must be ended in Employer Self-Services (ESS) and your payroll system.

Send this form with the payroll report which includes the member's final deposit. **If this is a state agency reporting unit, do not submit this form to the Retirement Systems until all warrant cancellations for this individual have been processed by the state comptroller.**

Instructions for Refund Request

Complete the first page of this form, including having your signature notarized. If you elect a direct rollover, the trustee/custodian must complete the trustee/custodian information in the Distribution Information section. The trustee/custodian official must verify if their plan accepts or does not accept non-taxable funds. The trustee/custodian official must also sign to affirm acceptance of the transfer.

The Employer Certification (above) should be completed by the employing agency. The refund will not be processed until the Retirement Systems of Alabama (RSA) receives the member's final deposit along with this form and any additional requested information.

Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.

After this form has been completed, any address change must be submitted to the RSA in writing and be signed by the applicant. Include your Social Security number or PID number on any correspondence.

Employee Termination Statement

I hereby certify that I have permanently terminated my employment in any agency covered by the Retirement Systems indicated and request that the contributions and applicable interest be distributed as shown. I further certify I do not have a contract nor am I negotiating for employment with any agency covered by the System indicated. I understand that I am *not entitled to the total interest* credited to this account, but a proportion of the total interest determined by RSA service credited to this account. The refundable funds in my account are due to me and unpaid, and I understand that payment in accordance with this form will release the RSA from any claim for other benefits.

No portion of the refund is subject to state of Alabama income tax.

If you have any questions regarding the taxability of your refund, contact the IRS or a tax advisor.