



Teachers' Retirement System of Louisiana
 8401 United Plaza Boulevard • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446
 www.trsl.state.la.us

**Original signatures
 required;
 no fax or copy accepted**

Application for Refund

Print in ink or type all entries except signatures. Sections 1 and 2 must be completed by the applicant. Section 3 must be completed by the employer. If you have worked for more than one employer within the last 90 days, you must submit an *Application for Refund* (Form 7) for each employer. In accordance with LSA-R.S. 11:781, Section 3 of this refund application cannot be certified by the employer until 90 days after resignation or termination. The application is then forwarded to TRSL for processing. If you are terminating employment due to illness or injury, please note that a disabled active member with 5 or more years of service credit may be eligible for disability benefits. A member who is receiving workers' compensation benefits may continue to contribute to the Teachers' Retirement System of Louisiana (TRSL) and receive service credit. **Members with 5 or more years of service who wish to take a refund must complete both the *Application for Refund* (Form 7) and a *Request for Refund Rather than Retirement Benefit* (Form 7E). Please call TRSL's refund department at (225) 925-6477 or (225) 925-6449 to request Form 7E.**

Section 1 — Member Information (must be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.) _____

Street / P.O. Box _____

City, state, zip _____

Daytime telephone () _____ Evening telephone () _____

Social Security number _____

Marital status (check one): Single Married Divorced Legally separated Widowed

Last date of employment _____ / _____ / _____
 mm-dd-yyyy

Are you transferring employment to another Louisiana public agency? Yes No

If yes, provide name of agency _____

Section 2 — Distribution Option (must be completed by applicant)

In accordance with the provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax-sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over directly by TRSL to an individual retirement account (IRA) or transferred to another qualified plan. Eligible plan types include traditional IRAs under IRC 408(a), qualified plans under IRC 401(a), tax sheltered annuities under IRC 403(b), and governmental deferred compensation plans under IRC 457. **The unsheltered distribution may be rolled into either a traditional IRA or transferred to certain employer plans** that accept rollovers of unsheltered contributions. A payment from TRSL that is eligible for rollover can be taken in one of five ways:

- Check one of the following:
- I do **NOT** want any of my distribution directly rolled over by TRSL. I am aware of the mandatory 20% federal withholding on the sheltered distribution. If you would like an additional 10% federal withholding from the taxable distribution that is paid directly to you, check here:
 - I do want to have my total distribution directly rolled over into a traditional IRA or transferred to the qualified plan named below.
 - I do want to have my unsheltered (after-tax) contributions sent directly to me and the tax-sheltered distribution directly rolled over to the IRA or transferred to the qualified plan named below.
 - I do want to have \$_____ (must be greater than \$500) of my taxable distribution directly rolled over to the IRA or transferred to the qualified plan named below and the balance paid directly to me. (The mandatory 20% withholding will apply to the taxable balance paid to the member.)
 - I do want to have my unsheltered contributions sent directly to me and \$_____ of my taxable distribution directly rolled over to the IRA or transferred to the qualified plan named below and the balance paid directly to me. (The mandatory 20% withholding will apply to the taxable balance paid to the member.)

If you intend to have TRSL roll over this distribution, please check the type of plan you have chosen to receive the rollover or trustee-to-trustee transfer:
 Traditional IRA Qualified plan, specify type _____

Name of U.S. financial institution	Name and title of contact person
Street / P.O. Box	City, state, zip
Telephone number ()	Account number

I hereby make application for the distribution of all contributions to my credit held by TRSL. By this application for refund, I do hereby waive for myself, my heirs, and my assigns all my rights, title, and interest in TRSL. I have received the *Special Tax Notice* concerning rollovers. **I understand that failure to complete Section 2 of this application will result in the mandatory 20% withholding from the taxable distribution.** I understand that if I have more than 5 years of service credit and want a refund rather than a retirement benefit, I must also complete Form 7E. I hereby certify that the information I entered on this form is true, correct, and complete.

Member's signature (Do not print or type) _____ Date signed (mm-dd-yyyy) _____

Your Social Security number

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Section 3 — Agency Certification (must be completed by employer)

I certify that _____ is no longer employed by _____.

Date service terminated

____ / ____ / ____ (Last day of work for which member received pay or last day of leave.)
mm-dd-yyyy

During the last fiscal year of employment, this member worked _____ days out of _____ days.

All earnable compensation has been reported, and all contributions have been remitted to TRSL.

Employer's signature (Authorized representative - no facsimile accepted)

Date signed (mm-dd-yyyy) -
Must be at least 90 days
after service termination date.

Title



No refund will be issued until TRSL has received all contribution reports