Louisiana Clerks of Court Retirement and Relief Fund
10202 Jefferson Highway ● Building A ● Baton Rouge, Louisiana 70809
Phone: (800) 256-6660 ● Phone: (225) 293-1162 ● Fax: (225) 291-7859

REQUEST FOR REFUND OF ACCUMULATED CONTRIBUTIONS

****Before completing this form, please read the Special Tax Notice Regarding Plan Payment which is attached to this form.****

Name:			
Address:		Sex: ☐ Female ☐ Male	
City:		Social Security #:	Date of Birth:
State:	Zip Code:	Employer Parish:	
Home Number:		Date of Employment:	
Work Number:		Date of Termination/Separation:	
Cell Number:		Email Address:	

Reason for Termination/Separation:

I HEREBY make application to withdraw the accumulated contributions paid in the name of the above member, to the Clerks Retirement and Relief Fund, as provided in La. R.S. 11:1515.

I HEREBY waive and relinquish for myself, or any other person, all accrued rights in the Fund. I understand that all creditable service is forfeited by acceptance of said refund. I further understand that in order to re-establish such forfeited creditable service, I must again become a contributing member of the Fund and then repay to the fund in a lump sum the amount withdrawn plus compounded interest at the rate of eight percent (8%) per year computed from the date of withdrawal. Upon such repayment, credit for all service which was canceled and forfeited at the time of the prior refund and all other rights shall be restored.

I UNDERSTAND that the refund for which I am now applying **SHALL NOT** be paid to me until I have remained out of employment with a Clerk of Court for a period of **sixty (60) calendar days,** and until all retirement contributions in my behalf have been submitted by my employer as per La. R.S. 11:1515.

I UNDERSTAND that Federal Law permits a rollover of the taxable portion of my refund to 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 Clerks of Court Retirement and Relief Fund is required by Federal Law to withhold **twenty percent (20%)** of the taxable portion of my refund.

IF YOU ELECT TO ROLLOVER THE TAXABLE PORTION, PLEASE HAVE YOUR FINANCIAL INSTITUTION OF CHOICE SUBMIT A "REQUEST TO TRANSFER" FORM WITH PAYMENT INSTRUCTIONS. **Please Note:** A portion of your refund (accumulated contributions before January 1, 2000) is not taxable and cannot be rolled over. This portion will be made payable to you.

PLEASE CHECK ONE

☐ **I DO NOT** elect to rollover the taxable portion of my refund. Payment will be made directly to me less the twenty (20%) percent withholding. *Please choose one of the following distribution options:*

Direct deposit in the account below: ***(Please attach a voided check or ACH letter from bank)*** ☐ **Savings** ☐ **Checking**
Routing #:
Account #:

☐ **I DO** elect to rollover the taxable portion of my refund. (If this line is checked, please provide the name and address of the financial institution that will be accepting the rollover and attach their "Request to Transfer" form to this application.)

Name of Financial Institute Accepting Rollover: _____

Address of Financial Institute: _____

_____
Witness

_____
Witness

_____ _____
Date **Signature of Member**

CERTIFICATION OF CLERK

I HEREBY CERTIFY that the above is true and correct. I further certify that the above named member is no longer an employee of my office.

Date

Signature of the Clerk of Court

Parish of : _____

RETIREMENT OFFICE ONLY

Total Amount of Refund: _____

Check Number: _____

Date: _____

(Received Stamp)

Refund Approved by:

_____

Executive Secretary for the Retirement and Relief Fund

Forms may be faxed to the office but the original documents are required by mail for the application to be valid. Thank you.