

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Blvd., Baton Rouge, LA 70809

225-925-4810 or 800-820-1137

Fax 225-925-4816

APPLICATION FOR SURVIVOR REFUND

IMPORTANT: REFUNDS ARE PAID ONLY WHEN AN EMPLOYEE TERMINATES EMPLOYMENT OR IN THE CASE OF THE DEATH OF THE MEMBER. A REFUND OF CONTRIBUTIONS CANNOT BE PAID UNTIL THIRTY (30) DAYS AFTER YOUR TERMINATION DATE OR DEATH AND ALL EMPLOYEE AND EMPLOYER CONTRIBUTIONS THROUGH THE LAST DAY WORKED HAVE BEEN RECEIVED BY THE RETIREMENT SYSTEM OFFICE. REFUNDS TAKE APPROXIMATELY 45-60 DAYS TO PROCESS.

MEMBER INFORMATION (must be completed by beneficiary)

Name: _____ SSN: _____

Address: _____ Municipality: _____

City, State, Zip: _____ Member's Date of Death: _____

BENEFICIARY/SURVIVOR INFORMATION (Certified death certificate must be attached)

Name: _____ SSN: _____

Address: _____ Telephone number: _____

City, State, Zip: _____

If beneficiary signing: I hereby certify that the member is deceased. Please see a copy of the death certificate attached. I also certify the following:

Check one of the following:

There is no surviving spouse or surviving minor children of the member.

There is a surviving spouse entitled to survivor benefits (member had five or more years of creditable service) and she signs below waiving, her rights to the survivor benefits and requests the refund.

There are surviving minor children with no unmarried surviving spouse and they have all signed below, through their legal tutor (tutorship order attached allowing this waiver), unless the total refund is less than \$10,000, in which case the surviving natural parent may sign, waiving the survivor benefits and requesting the refund. PLAN A MEMBERS ONLY

Retired member receiving the Maximum benefit. Refund of remaining contributions only.

Vested or Inactive member – Refund of remaining contributions only.

By signing below at signature of survivor, I (We) do hereby waive and relinquish for myself (ourselves) my heirs and my assigns all accrued rights in the Municipal Employees' Retirement System of Louisiana and agree to hold MERS harmless from any claims arising out of or in any way caused by this transaction and agree to reimburse MERS for all costs arising from any claim made against MERS including attorney's fees.

Member Name: _____

Social Security Number: _____

I understand that Federal Law permits a rollover of the taxable portions of my refund to an IRA or to another qualified retirement plan. All tax-sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over by Municipal Employees' Retirement System of LA into an IRA or transferred to another qualified plan.

Check one of the following distribution options:

I want my total distribution paid directly to me. I am aware of the mandatory 20% federal income tax withholding on tax-sheltered distributions.

I want my unsheltered (after-tax) contributions sent to me and the tax-sheltered distribution directly rolled over to an IRA or transferred to the qualified plan named on attached "Request to Transfer" from financial institution and request to rollover contributions form.

Signature of Survivor, Beneficiary, Surviving Spouse, Legal Tutor, Surviving Natural Parent (circle one):

_____ Date signed: _____

Signature of Witness: _____ Date signed: _____

MUNICIPALITY CERTIFICATION (must be completed by employer)

I certify that the above named member is no longer employed by the municipality of _____
as of _____ which is the last day of work for which the member received pay or the member's last day of leave.

Date of last paycheck: _____

Signature of authorized representative: _____ Date: _____

THIS APPLICATION WILL NOT BE PROCESSED UNLESS AUTHORIZATION FOR DIRECT DEPOSIT IS COMPLETED

FOR MERS OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION

VESTED: Y N Date Notarized Release Received: _____

Eligible for refund: Y N Checked By: _____ Date: _____

Refund Eligibility Date: _____ Approved: _____

Direct Deposit Date: _____

Authorization for Direct Deposit

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. **Attach a voided personal check.**

Section I: To be completed by Payee (MERS Member, Items A through J below)

I hereby authorize and request the Municipal Employees' Retirement System of Louisiana (MERS) to direct the net amount of my contributions payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments.

I further authorize the financial institution (bank) to release to MERS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on this form.

A. Name of Payee: Last, First, MI, Suffix (Jr., III, etc.)

B. Social Security Number

C. Mailing Address of Payee (Number, Street or P.O. Box Number)

D. City, State, and Zip Code

E. Payee's Daytime Telephone Number (with area code)

F. Signature of Payee or Legal Authorized Representative of Payee

G. Date Signed (MM/DD/YYYY)

H. Type/Number of depositor account (check one)

Checking Savings Debit Card

Account Number: _____

J. Routing Number: _____

I. Name and Complete Address of Financial Institution

CHECKING OR SAVINGS ACCOUNTS MUST BE IN YOUR NAME. REFUNDS CANNOT BE DEPOSITED INTO AN ACCOUNT THAT IS NOT FOR THE MEMBER.

PLEASE TAPE OR STAPLE VOIDED CHECK HERE
OR
DEBIT CARD DIRECT DEPOSIT FORM