

INSTRUCTIONS FOR LRS-3 FORM

This form is used for a former employee to request a refund of employee contributions, and/or a limited lump sum payment of the reserve value of the former employee's future retirement benefit.

Employee contributions: If the former employee is under early retirement age (55 for general employees, 50 for police/fire) he or she may request via this form, a refund of all employee contributions plus interest. By making such election, he or she will forfeit all service credit related to that period and the right to a future retirement benefit.

Under section 70.676 Revised Statutes of Missouri, "... a former member who is entitled to a deferred allowance pursuant to section 70.675 may elect for the system to pay the reserve value of the deferred allowance if the amount of the former member's credited service is less than 10 years and if the former member is not within ten years of his or her minimum service retirement age at the time of payment of the reserve value. The reserve value shall be the actuarial equivalent of the allowance otherwise payable. **Any lump sum payment so made shall be a complete discharge of all liability under the system with respect to such allowance**".

This form **IS NOT** to be used if the former employee desires a monthly retirement benefit for life upon attainment of retirement age. If the former employee wishes to receive a deferred retirement benefit, the "APPLICATION FOR RETIREMENT" LRS-8 form should be completed.

If you have questions or desire additional information, please contact the Missouri Local Government Employees Retirement System (LAGERS) office at 1-800-447-4334.



APPLICATION FOR PAYMENTS DUE A FORMER MEMBER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

To: LAGERS Board of Trustees

P.O. Box 1665

Jefferson City, MO 65102

Tel: 800-447-4334

Fax: 573-636-9671

Social Security Number _____ - _____ - _____

I, _____, having left employment of _____ on
Print Full Name Name of Employer

_____ and having last appeared with wages on the _____ employer
Date Month/Year

statement of said employer, hereby request the payment of any amount due from the Missouri Local Government Employees Retirement System (LAGERS) pursuant to sections 70.676 or 70.690, RSMo.

UPON PAYMENT, I UNDERSTAND ALL SERVICE CREDITED TO MY ACCOUNT WILL BE FORFEITED.

Date Signature of Former Member

In order to be eligible for payment, there MUST be a break in service of at least one calendar month – even if changing LAGERS employers. If you had wages in the month you terminated, your payment will be made approximately 60-90 days from the date of termination. Checks are issued on the 1st working day of the month only. All vested members issued refunds after September 1st shall be credited with regular interest on the largest balance in such account for the entire fiscal year.

Please list permanent address: (Please print or type)

Full Name Daytime Phone Number (____) _____

Address E-mail Address _____

City/State/Zip Code

EMPLOYER CERTIFICATION

I certify that _____ officially terminated employment with
Name of Former Employee

_____ on _____ and after that date no longer appeared on
Name of Employer Date

the employer records as an employee. There are no immediate plans to rehire this former employee.

Date Signature, Member of governing body, or designated agent thereof