



APPLICATION FOR PAYMENTS DUE A FORMER MEMBER

This form should be used if you are no longer covered by the LAGERS system and wish to forfeit your service credit by receiving either a refund of your employee contribution account balance or a lump sum payment of the reserve value of your deferred allowance, pursuant to sections 70.676 or 70.690. DO NOT use this form if you desire a monthly benefit associated with the account(s) below. If you are vested, you must be under your early retirement age (55 for general employees, 50 for police officers, firefighters, and covered public safety personnel) to request a refund of your employee contribution account balance. If you are not vested, you may request a refund of your employee contribution account balance at any age. You are eligible for the lump sum payment if you are vested, have less than ten years of service credit, and are more than ten years from your normal retirement age. Normal retirement age is 60 for general employees and 55 for police officers, firefighters, and covered public safety personnel.

**THIS FORM CANNOT BE SUBMITTED PRIOR TO YOUR LAST DAY OF LAGERS COVERED EMPLOYMENT.
IF YOU DO NOT WISH TO FORFEIT SERVICE CREDIT AND PREFER A FUTURE MONTHLY BENEFIT, PLEASE COMPLETE THE LRS-8 FORM.**

| PERSONAL INFORMATION (PLEASE PRINT OR TYPE) | | | | | | | | | | | |
|---|-------|--------|------|-------------------------------|--|--|--|--------------------------------|--|--|--|
| Name | First | Middle | Last | Social Security Number | | | | | | | |
| Mailing Address | | Street | | Phone | | | | | | | |
| City | State | | Zip | E-mail Address | | | | | | | |
| How should we communicate with you? | | | | <input type="checkbox"/> Mail | | | | <input type="checkbox"/> Email | | | |

| ACCOUNT(S) FROM WHICH I AM APPLYING FOR A PAYMENT (PLEASE PRINT OR TYPE) | | | | |
|--|-------------------------|-------|-----|------|
| Former Employer | Last Day of Employment: | Month | Day | Year |
| | | / | / | / |
| Former Employer | Last Day of Employment: | Month | Day | Year |
| | | / | / | / |
| Former Employer | Last Day of Employment: | Month | Day | Year |
| | | / | / | / |
| Former Employer | Last Day of Employment: | Month | Day | Year |
| | | / | / | / |
| Former Employer | Last Day of Employment: | Month | Day | Year |
| | | / | / | / |

PLEASE COMPLETE AND SIGN PAGE TWO.



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DISTRIBUTION DUE TO TERMINAL ILLNESS Pursuant to 26 USC § 72(t)(2)(L)

The Internal Revenue Code section 26 USC §72(t)(2)(L) provides an exception from the 10% additional tax on early distributions from qualified retirement plans under section 26 USC §72(t)(1) if the distribution is made to a terminally ill individual certified by a physician as having an illness or physical condition expected to result in the individual’s death within 84 months of the certification.

Do you meet these criteria? **YES** **NO**

If you mark YES, you will be required to submit a form completed by your physician certifying this information.

SIGNATURE

In order to be eligible for payment, you must complete a calendar month break in service, even if you are changing LAGERS employers. If you had wages in the month you left employment, your payment will be made approximately 60-90 days from the date of your last day of LAGERS covered employment. Checks are issued on the 1st and 15th of the month. All vested members who are issued refunds after September 1st shall be credited with regular interest on the largest balance in such account for the entire fiscal year.

I UNDERSTAND THAT BY RECEIVING A REFUND OF MY EMPLOYEE CONTRIBUTION ACCOUNT BALANCE, THE SERVICE CREDIT ASSOCIATED WITH THE PERIOD OF TIME I WAS MAKING CONTRIBUTIONS WILL BE FORFEITED. IF THE LUMP SUM PAYMENT IS PAID TO ME, I UNDERSTAND THAT ALL SERVICE CREDIT ASSOCIATED WITH THE ACCOUNTS LISTED ABOVE WILL BE FORFEITED. NO FUTURE MONTHLY BENEFIT WILL BE PAYABLE FROM FORFEITED ACCOUNTS.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|