



REQUEST FOR REFUND OF DEFINED BENEFIT PLAN CONTRIBUTIONS

please type or print in ink

Note: Requests received by the 15th of the month will be processed in the current month. Requests received after the 15th of the month will be processed in the following month.

PART A: MEMBER INFORMATION			
Name:			
SSN:	Birth Date:	Phone Number:	
Address:			
City:	State:	Zip:	
Department:	Position:		
Employment Date:	Termination Date:		
PART B: PAYMENT ELECTION (choose one)			
<input type="checkbox"/> I elect to receive payment of my refund of retirement contributions in a lump sum, less all applicable federal and state withholding taxes. (See the attached "Special Tax Notice Regarding Plan Payments.") All post-tax contributions will be refunded to you and are not subject to tax withholding.			
<input type="checkbox"/> I elect to receive payment of my refund of retirement contributions via direct rollover, paid directly from the System to the custodian of an eligible retirement plan as defined in Section 401(a), 401(k), 403(b) or 457 of the Internal Revenue Service Code, a traditional individual retirement account (IRA) or an individual retirement annuity. (NOTE: Rollover instructions must be provided by the qualified plan.) All post-tax contributions will be refunded to you and are not subject to tax withholding.			
PART C: AUTHORIZATION			
I hereby certify that: 1) I am a former employee of a participating employer who has paid contributions to the System; 2) I have read and understand the information provided with this form; 3) I understand that if I elect to receive a lump sum payment, a 20% federal tax and 4% state tax will be withheld from the taxable portion of my refund; and I may be subject to an additional 10% federal tax penalty; and 4) I have selected the payout of funds as shown above and understand I am no longer eligible for future retirement benefits from the Richmond Retirement System.			
Member's Signature:			Date:
PART D: NOTARY			
To be completed by Notary or by other Court Official authorized to take acknowledgements:			
State of:	City/County of:	on:	20
The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been duly sworn by me, made an oath that the statements are true.			
Notary Public:			
My commission expires:			
Notary Registration Number:			
RRS USE ONLY			
Contributions Amount:	Interest Amount:	Gross Payment Amount:	
Check#:	Check Date:		
1st Review:	Date:	2nd Review:	Date: