



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446
www.trsl.org

Form 7 (06/09)

04-7

**Original signatures
 required; Faxes and
 copies not accepted**

Application for Refund

Refunds cannot be processed until 90 days after your termination date. If you have at least five years of service, you must also complete a *Request for Refund Rather than Retirement Benefit* (Form 7E), which will be mailed to you after TRSL receives this application. Members who change employment to another Louisiana public agency may be eligible to transfer their TRSL membership to the applicable Louisiana retirement system instead of refunding. Refunds of accumulated contributions paid directly to you are exempt from Louisiana income tax.

Section 1 — Member Information (must be completed by applicant)

Name: Last, first, MI, suffix (Jr., III, etc.)	SSN	Last date of employment (mm-dd-yyyy)
Mailing address	City, state, zip	
Telephone number(s)	Provide agency name if transferring to a Louisiana public agency:	

Section 2 — Distribution Option (must be completed by applicant)

In accordance with provisions of the Unemployment Compensation Amendments of 1992, P.L. 102-318, all tax-sheltered distributions require a mandatory 20% withholding unless the distribution is less than \$200 or rolled over by TRSL 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 total distribution rolled over into an IRA or transferred to the qualified plan named below.
- 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 below.
- I want \$ _____ of my contributions sent to me and the remaining amount rolled over to an IRA or transferred to the qualified plan named below. I am aware of the mandatory 20% federal income tax withholding on tax-sheltered distributions paid directly to me.

Additional Federal Income Tax Withholding

- I want TRSL to withhold an additional 10% in federal income tax withholding from all tax-sheltered distributions paid directly to me.

Direct Deposit (available for distributions paid directly to you)

- Check here if direct deposit, instead of a paper check, is desired.

A *Direct Deposit for Refund of Contributions* (Form 7D), which is available at www.trsl.org, or by calling 225-925-6477 or 6449, must also be completed. If Form 7D is not received by TRSL at least three days prior to your refund being issued, then payment will be mailed to the address in Section 1 above.

Financial Institution Information (provide only when requesting a rollover or transfer)

Indicate which of the following plans (to the right) you have chosen to receive a rollover or trustee-to-trustee transfer. Check only one.	<input type="checkbox"/> Traditional IRA
	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> Qualified plan, specify type: _____
Name of institution	Name and title of contact person
Mailing address	City, state, zip
Telephone number	Account number

I hereby make application for the distribution of all employee contributions to my credit held at TRSL. By this application for refund, I do hereby waive for myself, my heirs, and my assigns all my rights, title, and interest in TRSL. I have received and read the *Special Tax Notice* brochure concerning rollovers. I understand that failure to complete Section 2 above will result in payment made directly to me less the mandatory 20% withholding from the taxable distribution. I understand that if I have five or more years of service credit, I must also complete a *Request for Refund Rather Than Retirement Benefit* (Form 7E). I hereby certify the information entered on this form is true, correct, and complete.

Member's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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Section 3 — Agency Certification (must be completed by employer)

I certify that the above named person is no longer employed by _____ as of ____/____/____, which was either the last day of work for which the member received pay or was the member's last day of leave.

Employer signature (authorized representative)	Title	Date signed (at least 90 days after termination date)
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