



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

Form 7A (05/04)

04-7A

**Original signatures
 required;
 no fax or copy accepted**

Retiree Refund Application

Print in ink or type all entries except signatures. This application should be used after termination of all TRSL-eligible employment to request a refund of employee contributions by a retiree who returned to work under the provisions of LSA-R.S. 11:710. Sections 1 and 2 must be completed by the retiree. Section 3 must be completed by the employer and submitted to Teachers' Retirement System of Louisiana (TRSL) immediately after termination of employment. If a retiree is rehired by more than one employer, an application for each employer must be submitted. **Refunds will be made only after all contribution reports have been received by TRSL, and retiree is NOT REQUIRED in any TRSL-eligible position.**

Section 1 — Retiree Information

Name: Last, first, MI, suffix (Jr., III, etc.)

Street / P.O. Box

City, state, zip

Daytime telephone
()

Evening telephone
()

Social Security number

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Section 2 — Distribution Option

Unsheltered (after-tax) contributions may be rolled into either a traditional IRA or to certain employer plans that accept rollovers of the after-tax contributions. A payment from TRSL can be taken in one of two ways:

Check one of the following:

- I request that my distribution be sent directly to me. **An IRS Form 1099-R will not be issued.**
- I request that my distribution be directly rolled over into a traditional IRA or sent by a trustee-to-trustee transfer to the employer plan named below that accepts after-tax contributions. **An IRS Form 1099-R will be issued.**

If you intend to have TRSL roll over this distribution, please check the type of plan you have chosen to receive the rollover:

- Traditional IRA
- Qualified plan, specify type _____

Name of U.S. financial institution	Name and title of contact person
Street / P.O. Box	City, state, zip
Telephone number ()	Account number

I hereby make application for the distribution of all unsheltered contributions to my credit held by TRSL since my reemployment as a retiree. I have received the *Special Tax Notice* concerning rollovers. I hereby certify that I am no longer employed in any TRSL-eligible position. I understand that a refund check will be issued only after all contribution reports have been received by TRSL. I hereby certify that the information I entered on this form is true, correct, and complete.

Applicant's signature (Do not print or type) ▶	Date signed (mm-dd-yyyy)
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Section 3 — Agency Certification

I certify that _____ is no longer employed by _____.

The last contributions for this member will be reported on the _____ (mm/yy) Monthly Contributions Report.

Termination Date

_____/_____/_____
mm-dd-yyyy

Authorized signature (authorized representative of agency—no facsimile accepted) ▶	Employer number	Date signed (mm-dd-yyyy)
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