



Teachers' Retirement System of Louisiana

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Telephone: (225) 925-6446 • Fax: (225) 925-4779
Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
www.TRSL.org • web.master@trsl.org

Application for Refund

Refunds cannot be processed until 90 days after you permanently terminate employment in all positions eligible for TRSL membership. 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.

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) Email address:

Please select one: U.S. Citizen Resident Alien Non-Resident Alien

For U.S. Citizens and Resident Aliens: If refund is mailed to an address in a foreign country, you must also attach a properly completed IRS Form W-9 to this form; otherwise TRSL must withhold 30% instead of 20% for federal taxes.

For Non-Resident Aliens: Federal tax withholding of 30% will apply unless you are claiming tax treaty exemption/rates. You must attach a properly completed IRS Form W-8BEN to this application if tax treaty rates are claimed; otherwise TRSL must withhold 30% for federal taxes. Please complete:

Country of Citizenship: Visa Type:

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. Please select one:

- 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 portion rolled over to an IRA or transferred to a qualified plan below.
I want \$ of my contributions sent to me and the remaining amount rolled over to an IRA or transferred to a qualified plan below.

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. NOTE: 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 you have chosen to receive a rollover or trustee-to-trustee transfer. Check only one.

Traditional IRA Roth IRA 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)

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)