



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 • 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

Retiree Refund Application

Print in ink or type all entries except signatures. Please complete Sections 1 and 2 of this application to request a refund of the employee contributions you made as a return-to-work retiree. Refund applications are accepted after you have terminated all TRSL-eligible employment. Section 3 must be completed by the employer and submitted to TRSL immediately after your termination of employment. If you were rehired by more than one employer, please submit a separate application for each employer. *NOTE: Refunds will be distributed after TRSL receives all contribution reports and the retiree is NOT REHIRED 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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

Section 2 — Distribution Option

Unsheltered (after-tax) contributions may be rolled into either an 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 according to the payment method I have selected below. (An IRS Form 1099-R will not be issued.) If no method is selected then a check will be mailed to the address on file.**
 - Paper check. (Check will be mailed to address in Section 1.)
 - Direct deposit. I want my refund deposited into the account provided on the *Direct Deposit for Refund of Contributions* (Form 7D), available on the TRSL website, www.trsl.org or by calling 225-925-6477 or 6449. If Form 7D is not received at least three days prior to your refund being issued then payment will be mailed to the address on file.
- I request that my distribution be directly rolled over into an 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.) Please check the type of plan you have chosen to receive the rollover:**
 - Traditional IRA
 - Qualified plan, specify type: _____
 - Roth IRA

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 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 _____ / _____ / _____ <small>mm-dd-yyyy</small>
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Authorized signature (authorized representative of agency) ▶ _____	Employer number 	Date signed (mm-dd-yyyy) _____
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