

Retiree Refund Application

04-7A rev. 07/21

(Form 7A)

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-4779

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 from all employers and the retiree is NOT REHIRED in any TRSL-eligible position.*

Section 1 — Member information (must be completed by ap	pplicant)				
Name: Last, first, MI, suffix (Jr., III, etc.)	Last date of employment (mr	m/dd/yyyy) Social S	ecurity number (###-##-###)		
Mailing address	City, state, zip				
Daytime telephone: (include area code)	Email address				
Section 2 — Distribution option (must be completed by appl	licant)				
Unsheltered (after-tax) contributions can be rolled into either an IRA or to ce A payment from TRSL can be paid directly to you or rolled over into an eligib			fter-tax contributions.		
I request that my distribution be sent directly to me according to the paym If no method is selected, then a check will be mailed to the address on file.		pelow. (An IRS Form 10	99-R will not be issued.)		
PAPER CHECK - Check will be mailed to address in Section 1.					
DIRECT DEPOSIT - I want my refund deposited into the account provided on the <i>Direct Deposit for Refund of Contributions</i> (Form 7D), available at www.TRSL.org or by calling 225-925-6477. 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.					
Traditional IRA Roth IRA Qualified plan — Specify type:					
Name of institution	Name and title of co	ontact person			
Mailing address	City, state, zip				
Daytime telephone number (include area code)	Account number				
I hereby make application for the distribution of all unsheltered contributions received the TRSL brochure, <i>Special Tax Notice Regarding TRSL Payments</i> , coeligible position. I understand that a refund will be issued only after TRSL recinformation I entered on this form is true, correct, and complete.	ncerning rollovers. I hereby	certify that I am no lo	nger employed in any TRSL-		
Applicant's signature (authorized representative)	Date signed (mm/do	/dd/yyyy)			
Section 3 — Agency certification (must be completed by em	ployer)				
I certify that is no longer employed by		Termination date (mm/dd/yyyy)			
The last contrib					
will be reported on the (mm/yy) Monthly Contribution Employer signature (authorized representative of agency)	Employer number (####) Date signed (<i>mm/dd/yyyy</i>)			
Employer signature (authorized representative of agency)		Limpioyer number (####	, Date signed (//////dd/yyyy)		