



Application for Refund of Deceased Member's Contributions (Form 13A)

04-13A
rev. 12/22

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) 925-6366

TRSL use only
<input type="checkbox"/> Active death
<input type="checkbox"/> RTW
<input type="checkbox"/> Option 1
<input type="checkbox"/> GREC

Section 1 — Deceased member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Date of death (mm/dd/yyyy)	Social Security number (###-##-####)
--	----------------------------	--------------------------------------

Section 2 — Beneficiary/payee information

I hereby make application for the return of the amount of contributions in TRSL thereon standing to the credit in the Annuity Savings Fund of the deceased member named above. In consideration of the return of such amount, I, as beneficiary, do hereby waive for myself, my heirs, and my assigns all rights, title, and interest in the said Annuity Savings Fund and in any and all funds under the care and control of the Board of Trustees of TRSL.

Beneficiary name: Last, first, MI, suffix (Jr., III, etc.)	Beneficiary Social Security number (###-##-####)
Street address / PO box	Beneficiary date of birth (mm/dd/yyyy)
City, state, zip	Daytime telephone (include area code)
	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 3 — Selection of payment option

The tax-sheltered portion of the distribution you will receive from TRSL is subject to a mandatory 20% federal income tax withholding unless that portion is less than \$200, or you instruct TRSL to directly roll over the tax-sheltered distribution to a qualified plan.

A non-spousal beneficiary can only roll over their distribution to an Inherited IRA. **An inherited IRA must be established in a manner that identifies it as an IRA with respect to the deceased individual and the beneficiary. Example: "Tom Smith as a beneficiary of John Smith."**

Special rules for a rollover to a Roth IRA: There are various tax provisions for transferring distributions to a Roth IRA; therefore, it is your responsibility to determine if you are eligible to make a rollover to a Roth IRA. IRS Publication 590 - *Individual Retirement Arrangements* - contains applicable information on this topic.

If you roll your distribution directly into a Roth IRA, the entire taxable portion of your rollover (amounts other than after-tax contributions) will be taxable income to you in the year of the rollover. Although no income tax withholding is required for any taxable portion of your distribution for which you choose a direct rollover to a Roth IRA, you are responsible for paying the taxes due for the year of the rollover. There are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You should consult with a tax advisor to determine the consequences of your rollover. TRSL does not offer income tax withholding for any distribution to a Roth IRA.

Check one of the following:

<input type="checkbox"/>	I DO want to have all of my distribution to be paid directly to me. I am aware of the mandatory 20% federal income tax withholding on tax-sheltered distributions.
<input type="checkbox"/>	I DO want to have all of my distribution directly rolled over into the inherited IRA as directed in Section 4.
<input type="checkbox"/>	I DO want to have \$_____ (must be greater than \$500) of my distribution rolled over to a qualified plan as directed in Section 4 and the balance paid directly to me. (The mandatory 20% withholding will apply to the taxable balance.)

Please see reverse side.

Deceased member's Social Security number

IRS INFO **Additional federal income tax withholding**
If you want additional withholding on amounts paid to you, submit IRS Form W-4R, which can be accessed online at www.TRSL.org.

Section 4 — United States financial institution to which rollover will be sent

Rollovers must be at least \$200. However, for rollovers that don't represent 100% of the refund, the rollover must be at least \$500. Indicate which type of inherited IRA you have chosen to receive a rollover (CHECK ONLY ONE).

SPOUSAL qualified plans: Traditional IRA ROTH IRA Qualified plan: _____

NON-SPOUSAL plans Inherited traditional IRA Inherited ROTH IRA

Name of financial institution	Name and title of contact person
Mailing address	City, state, zip
Telephone number (include area code)	Inherited IRA number/Account number

Section 5 — Beneficiary's signature

I have read the *Special Tax Notice Regarding TRSL Payments*, concerning rollovers in Section 3 of this application.
I certify that the information I have entered on this form is true, correct, and complete.

Beneficiary signature (DO NOT PRINT OR TYPE) ▶	Date signed (mm/dd/yyyy)
---	--------------------------

Section 6 — Direct deposit agreement (optional)

Any payment issued directly to the beneficiary may be automatically deposited into their bank account. Please ensure the bank account information is correct.

Name of financial organization	ACH routing number <input type="text"/>
Street address / PO box	Bank account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="text"/>
City, state, zip	

I authorize and request TRSL to credit my account at the financial organization designated above with the net amount of my refund of accumulated contributions. This authorization is not an assignment of my right to receive payment, and it revokes all prior payment direction notifications applicable to these payments. This authorization is a one-time payment agreement.

I authorize the bank to release to TRSL, on request, my current mailing address, the names and mailing addresses, if known, of any individuals authorized to sign on my account, and the names and addresses, if known, of individuals who have power of attorney to withdraw funds from my account.

I further authorize TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent in error to the account listed above.

Beneficiary's signature (DO NOT PRINT OR TYPE) ▶	Date signed (mm/dd/yyyy)
---	--------------------------

This form is designed for general use only. TRSL may require more information for your particular situation.