



# Louisiana Clerks of Court Retirement and Relief Fund

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809  
Phone: (800) 256-6660 • Phone: (225) 293-1162 • Fax: (225) 291-7859

## REQUEST FOR REFUND OF ACCUMULATED CONTRIBUTIONS

**\*\*Before completing this form, please read the Special Tax Notice Regarding Plan Payment which is attached to this form.\*\***

Name:			
Address:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
City:		Social Security #:	Date of Birth:
State:	Zip Code:	Employer Parish:	
Home Number:		Date of Employment:	
Work Number:		Date of Termination:	
Cell Number:		Email Address:	

### Reason for Termination:

**I HEREBY** make application to withdraw the accumulated contributions paid in the name of the above member, to the Clerks Retirement and Relief Fund, as provided in La. R.S. 11:1515.

**I HEREBY** waive and relinquish for myself, or any other person, all accrued rights in the Fund. I understand that all creditable service is forfeited by acceptance of said refund. I further understand that in order to re-establish such forfeited creditable service, I must again become a contributing member of the Fund and then repay to the fund in a lump sum the amount withdrawn plus compounded interest at the rate of eight percent (8%) per year computed from the date of withdrawal. Upon such repayment, credit for all service which was canceled and forfeited at the time of the prior refund and all other rights shall be restored.

**I UNDERSTAND** that the refund for which I am now applying **SHALL NOT** be paid to me until I have remained out of employment with a Clerk of Court for a period of **sixty (60) calendar days**, and until all retirement contributions in my behalf have been submitted by my employer as per La. R.S. 11:1515.

**I UNDERSTAND** that Federal Law permits a rollover of the taxable portion of my refund to an IRA or to another qualified retirement plan. If payment of this taxable portion is not made directly to an IRA or to another qualified retirement plan, the Clerks of Court Retirement and Relief Fund are required by Federal Law to withhold **twenty percent (20%)** of the taxable portion of my refund.

IF YOU ELECT TO ROLLOVER THE TAXABLE PORTION, PLEASE HAVE YOUR FINANCIAL INSTITUTION OF CHOICE SUBMIT A "REQUEST TO TRANSFER" FORM WITH PAYMENT INSTRUCTIONS. **Please Note:** A portion of your refund (accumulated contributions before January 1, 2000) is not taxable and cannot be rolled over. This portion will be made payable to you.

### PLEASE CHECK ONE

**I DO NOT** elect to rollover the taxable portion of my refund. Payment will be made directly to me less the twenty (20%) percent withholding. *Please choose one of the following distribution options:*

<b>Direct deposit in the account below: (Please attach a voided check)</b>	
<input type="checkbox"/> <b>Savings</b>	<input type="checkbox"/> <b>Checking</b>
<b>Routing #:</b>	
<b>Account #:</b>	

**I DO** elect to rollover the taxable portion of my refund. (If this line is checked, please provide the name and address of the financial institution that will be accepting the rollover and attach their "Request to Transfer" form to this application.)

Name of Financial Institute Accepting Rollover: \_\_\_\_\_

Address of Financial Institute: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

**CERTIFICATION OF CLERK**

**I HEREBY CERTIFY that the above is true and correct. I further certify that the above named member is no longer an employee of my office.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the Clerk of Court

Parish of : \_\_\_\_\_

**RETIREMENT OFFICE ONLY**

Total Amount of Refund: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_

(Received Stamp)

Refund Approved by: \_\_\_\_\_

\_\_\_\_\_  
Executive Secretary for the Retirement and Relief Fund

*Forms may be faxed to the office but the original documents are required by mail for the application to be valid. Thank you.*



## PLEASE KEEP FOR YOUR RECORDS!

### SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS

This notice contains important information you will need before you decide how to receive your benefits. This notice summarizes only the federal (not state or local) tax rules that might apply to your payment. The rules described below are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you may want to consult with your professional tax advisor **before** you take a payment of your benefits from the plan. Also, you can find more specific information on the tax treatment of payments from qualified retirement plans in IRS Publication 575, "Pension and Annuity Income," and IRS Publication 590, "Individual Retirement Arrangements." These publications are available from your local IRS office or by calling (800) TAX-FORMS.

A payment from the Plan that is eligible for "rollover" may be taken in one or two ways:

1. PAID IN A "Direct Rollover" or
2. PAID TO YOU.

A Rollover is a payment of your plan benefits to your individual retirement account (IRA) or to another qualified employer plan. This choice will affect the tax you owe.

If you choose a **DIRECT ROLLOVER**:

- Your payment will not be taxed in the current year and no income tax will be withheld.
- Your payment will be made directly to your IRA or, if you choose, to another employer plan that accepts your rollover.
- Your payment will be taxed later when you take it out of the IRA or the employer plan.

If you choose to have your plan benefits **PAID TO YOU**:

- You will receive only eighty (80%) percent of the payment because the plan administrator is required to withhold twenty (20%) percent of the payment and send it to the IRS as income tax withholding to be credited against your taxes.
- Your payment will be taxed in the current year unless you roll it over. You may be able to use special tax rules that could reduce the tax you owe. However, if you receive the payment before age 59½, you also may have to pay an additional ten (10%) percent tax.
- You can rollover the payment to your IRA or to another employer plan that accepts your rollover within sixty (60) days of receiving the payment. The amount rolled over will not be taxed until you take it out of the IRA or employer plan.
- If you want to rollover one hundred (100%) percent of the payment to an IRA or an employer plan, you must find other money to replace the twenty (20%) percent that was withheld. If you rollover only eighty (80%) percent that you receive, you will be taxed on the twenty (20%) percent that was withheld and that is not rolled over.

## **1. PAYMENTS THAT CAN AND CANNOT BE ROLLED OVER**

Payments from the plan may be “eligible rollover distributions.” This means that they can be rolled over to an IRA or to another employer plan that accepts rollovers. The plan administrator should be able to tell you what portion of your payment is an “eligible rollover distribution.” The following types of payment **cannot** be rolled over:

### **Non-Taxable Payments**

In general, only the “taxable portion” of your payment is an eligible rollover distribution. If you have made “after-tax” employee contributions to the plan (contributions before January 1, 2000), these contributions will be non-taxable when they are paid to you, and they cannot be rolled over. (After-tax employee contributions generally are contributions you made from your own pay that were already tax.)

### **Payments Spread Over Long Periods**

You cannot rollover a payment if it is part of a series of equal (or almost equal) payments that are made at least once a year and that will last for:

- Your lifetime (or your life expectancy);
- Your lifetime and your beneficiary’s lifetime (or life expectancies); or
- A period of ten (10) years or more.

### **Required Minimum Payments**

Beginning in the year you reach age seventy and one-half (70½), a certain portion of your payment cannot be rolled over because it is a “required minimum payment” that must be paid to you.

## **2. DIRECT ROLLOVER**

You can choose a direct rollover of all or any portion of your payment that is an “eligible rollover distribution,” (described above). In a direct rollover, the eligible rollover distribution is paid directly from the plan to an IRA or another employer plan that accepts rollovers. If you choose a direct rollover, you are not taxed on a payment until you later take it out of the IRA or the employer plan.

### **Direct Rollover to an IRA**

You can open an IRA to receive the direct rollover. (The term “IRA”, as used in this notice, includes individual retirement accounts and individual retirement annuities.) If you choose to have your payment made directly to an IRA, contact an IRA sponsor (usually a financial institution) to find out how to have your payment made in a direct rollover to an IRA at that institution. If you are unsure of how to invest your money, you can temporarily establish an IRA to receive the payment. However, in choosing an IRA, you may wish to consider whether the IRA you choose will allow you to move all or a part of your payments to another IRA at a later date, without penalties or other limitations. See IRS Publication 590, “Individual Retirement Arrangements,” for more information on IRA’s.

### **Direct Rollover to a Plan**

If you are employed by a new employer that has a plan, and you want to make a direct rollover to that plan, ask the administrator of that plan whether it will accept your rollover. If your new employer’s plan does not accept a rollover, you can choose a direct rollover to an IRA.

### **3. PAYMENT PAID TO YOU**

If you have the payment made to you, it is subject automatically to a twenty (20% percent income tax withholding. The payment is taxed in the year you receive it unless, within sixty (60) days, you roll it over to an IRA or another plan that accepts rollovers. If you do not roll it over, special tax rules may apply.

#### **Mandatory Withholding**

If any portion of the payment to you is an eligible rollover distribution, the Plan is required by law to withhold twenty (20%) percent of that amount. This amount is sent to the IRS as income tax withholding.

**For Example:** If your eligible rollover distribution is \$10,000 only \$8,000 will be paid to you because the plan must withhold \$2,000 as income tax. However, when you prepare your income tax return for the year, you will report the full \$10,000 as a payment from the plan. You will report the \$2,000 as tax withheld, and it will be credited against any income tax you owe for the year.

#### **Sixty-Day (60) Rollover Option**

If you have an eligible rollover distribution paid to you, you can still decide to roll over all or part of it to an IRA or another employer plan that accepts rollovers. If you decide to roll over, you must make this rollover within sixty (60) days after you receive the payment. The portion of your payment that is rolled over will not be taxed until you take it out of the IRA or the employer plan.

You can roll over up to one hundred (100%) percent of the eligible rollover distribution, including an amount equal to the twenty (20%) percent that was withheld. If you choose to roll over one hundred (100%) percent, you must find other money within sixty (60%) days to contribute to the IRA (or the employer plan) to replace the twenty (20%) percent that was withheld. On the other hand, if you roll over only the eighty (80%) percent that you received, you will be taxed on the twenty (20%) percent that was withheld.

**For Example:** Your eligible rollover distribution is \$10,000, and you choose to have it paid to you. You will receive \$8,000 and \$2,000 will be sent to the IRS as income tax withholding. Within sixty (60) days after receiving the \$8,000, you may roll over the entire \$10,000 to an IRA or employer plan. To do this, you roll over the \$8,000 you received from the plan, and you will have to find \$2,000 for other sources (your savings, a loan, etc.). In this case, the entire \$10,000 is not taxed until you take it out of the IRA or employer plan. If you roll over the entire \$10,000, when you file your income tax return, you may get a refund of the \$2,000 withheld. If, on the other hand, you roll over only \$8,000, the \$2,000 you did not roll over is taxed in the year it was withheld. When you file your income tax return you may get a refund of part of the \$2,000 withheld.

#### **Additional Ten (10%) Percent Tax If You Are Under Age 59 ½**

If you receive a payment before you reach age 59 ½ and you do not roll it over, then, in addition to the regular income tax, you may have to pay an extra tax equal to ten (10%) percent of the taxable portion of the payment. The additional ten (10%) percent tax does not apply to your payment if it is:

1. paid to you because you separate from service with your employer during or after the year you reach age 55,
2. paid because you retired due to disability,
3. paid to you as equal (or almost equal payment over your life or life expectancy (or you and your beneficiary's lives or life expectancies), or
4. used to pay certain medical expenses. (See IRS Form 5329 for more information on the additional ten (10%) percent tax.)

#### **4. DIRECT ROLLOVER BY QDRO, SURVIVING SPOUSE, NON SPOUSE BENEFICIARY**

A distribution to the plan participant's beneficiary generally isn't treated as an eligible rollover distribution. However, see Qualified domestic relations order (QDRO), Rollover by surviving spouse, and Rollovers by non-spouse beneficiary.

##### **Rollover of nontaxable amounts**

You may be able to roll over the nontaxable portion of a distribution (such as your after-tax contributions) made to another qualified plan that is a qualified member plan or a 403(b) plan or to a traditional or Roth IRA. The transfer must be made either through a direct rollover to a qualified plan or (403)b plan that separately accounts for the taxable and nontaxable portions of the rollover or through a rollover to a traditional or Roth IRA

##### **Qualified domestic relations order (QDRO)**

You may be able to roll over tax free all or a portion of a distribution to a qualified retirement plan that you receive under a QDRO. If you receive the distribution as a member's spouse or former spouse (not as a nonspousal beneficiary), the rollover rules apply to you as if you were the member.

##### **Rollover by surviving spouse**

You may be able to roll over tax free all or a portion of a distribution to a qualified retirement plan you receive as the surviving spouse of a deceased member. The rollover rules apply to you as if you were the member. You can roll over the distribution into a qualified retirement plan or a traditional or Roth IRA.

##### **Rollovers by nonspouse beneficiary**

If you are a designated beneficiary (other than a surviving spouse) of a deceased member, you may be able to rollover tax free all or a portion of a distribution you receive from this plan. The distribution must be a direct trustee-to-trustee transfer to your traditional or Roth IRA that was set up to receive the distribution. The transfer will be treated as an eligible rollover distribution and the receiving plan will be treated as an inherited IRA.



# LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809  
TELEPHONE (225) 293-1162 • (800) 256-6660 • FACSIMILE (225) 291-7859

## DIRECT DEPOSIT FORM

I (we) hereby authorize the Louisiana Clerks' Retirement and Relief Fund to deposit all payments due to me in my **(Select one)**  **Checking Account**  **Saving Account**. I further authorize Louisiana Clerks' Retirement and Relief Fund the authority to make debits or take other corrective actions, if necessary, in relation to any deposit made by Louisiana Clerks' Retirement and Relief Fund into the account listed below.

This authority is to remain in effect until the Louisiana Clerks' Retirement and Relief Fund has received **written notification** from me of its termination in such time and manner as to afford the Louisiana Clerks' Retirement and Relief Fund and the Depository a reasonable opportunity to act on it.

Signature of Member: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Name)

Member's Social Security Number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on the bank account: \_\_\_\_\_

**Depository Name (Bank, Credit Union, etc.):** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

### **PLEASE ATTACH A VOID CHECK WITH THIS FORM**

The check must have a 9 digit routing number on it. (bottom left corner)

#### **For Office Use Only**

Transit/ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_