TRSL Teachers' Retirement System of Louisiana

Application for Refund
(Form 7)

04-7
rev. 07/26

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

Refunds cannot be processed until 90 days after you 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. Members who change employment to another Louisiana public agency may be eligible to transfer their TRSL service credit to the applicable Louisiana retirement system instead of refunding. Refunds of accumulated contributions paid directly to you are exempt from Louisiana income tax.
PLEASE NOTE: This form must be signed and dated for processing. See member signature section for signature instructions.

Section 1 — Member information (*must be completed by applicant*)

Name: Last, first, MI, suffix (Jr., III, etc.)	Last date of employment (*mm/dd/yyyy*)	Your Social Security number (###-##-####)
Mailing address	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 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 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.

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*.

Direct deposit (available for distributions paid directly to you)

☐ Check here if a direct deposit, instead of a paper check, is desired. NOTE: A *Direct Deposit for Refund of Contributions* (Form 7D), available at *www.TRSL.org*, must also be completed. If Form 7D is not received by TRSL at least three days prior to your refund being issued, payment will be mailed to the address in Section 1.

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
Daytime telephone number (*include area code*)	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 TRSL brochure *Special Tax Notice regarding TRSL Payments*. 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 certify that I have terminated employment in all TRSL eligible positions. I hereby certify the information entered on this form is true, correct, and complete.

REQUIRED SIGNATURE ▶▶ **(Please sign with an ink pen. Electronic signatures are not accepted.)** Date signed (*mm/dd/yyyy*)

Section 3 Agency certification (*must be completed by employer at least 90 days after termination date*)

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*)