



Retiree Refund Application (Form 7A)

04-7A

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

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 applicant)*

Name: Last, first, MI, suffix (Jr., III, etc.)	Last date of employment (mm/dd/yyyy)	Social Security number (###-##-####)
Mailing address	City, state, zip	
Daytime telephone: (include area code)	Email address	

Section 2 — Distribution option *(must be completed by applicant)*

Unsheltered (after-tax) contributions can 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 paid directly to you or rolled over into an eligible plan. **Make your selection below:**

☐ **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 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.

☐ **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 not be issued.) Before selecting this option, please confirm with the receiving plan that they can and will accept your unsheltered contributions, and then mark the type of plan you have chosen to receive the rollover below:**

☐ **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 unsheltered contributions to my credit held by TRSL since my re-employment as a retiree. I have received the TRSL brochure, Special Tax Notice Regarding TRSL Payments, 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 TRSL receives contribution reports from all of my employers. I hereby certify that the information I entered on this form is true, correct, and complete.

Applicant's signature (authorized representative)	Date signed (mm/dd/yyyy)
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Section 3 — Agency certification *(must be completed by employer)*

I certify that _____ is no longer employed by _____.	Termination date (mm/dd/yyyy)
The last contributions for this member will be reported on the _____ (mm/yy) Monthly Contributions Report.	
Employer signature (authorized representative of agency)	Employer number (####) Date signed (mm/dd/yyyy)