



# Notice of Final Deposit and Request for Refund

Retirement Systems of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Check One:  ERS  TRS  JRF

## Your Information

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Daytime Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

RSA Account Number (if known) \_\_\_\_\_

## Distribution Information

*Read the enclosed special tax notice before completing the remainder of this form.*

Select **only one** distribution option:

**Lump Sum Payment**

I elect to receive (at the above address) full distribution of my account, less the 20% Federal Income Tax withholding required.

**Direct Rollover**

I elect to have \_\_\_\_\_% of the *taxable* benefit transferred directly to the trustee named below (for transfers less than 100%, the remainder of the account, less the mandatory 20% Federal Income Tax withholding will be paid to me at the above address).

*Rollover Trustee Information requires the signature from the Rollover Trustee Official.*

**Rollover Trustee Information** (complete only if Direct Rollover is checked)

Rollover Trustee Name \_\_\_\_\_ Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Type of account into which money will be transferred: (An Education IRA is **not** an eligible plan)

401 Qualified Retirement Plan  403(a) Annuity Contracts  403(b) Tax Sheltered Annuity  Roth IRA

408(a) Individual Retirement Account  408(b) Individual Retirement Annuity  Governmental Deferred Compensation Plans (IRC 457)

Plan accepts non-taxable funds?  Yes  No

**Sign Here →**  
*Trustee Official*

**Trustee Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signature by Trustee Official affirms acceptance of transfer.*

## Signature Certification

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Your Rollover Options prior to signing this certification. I also certify that I have read the Employment Termination Statement on the back of this form.

**Sign Here →**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please have your signature acknowledged before a Notary Public.**

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, hereby certify that \_\_\_\_\_ whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she executed the same voluntarily on the day the same bears date. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. (Seal)

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_



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Name \_\_\_\_\_ SSN 

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## Employer Certification

*To be completed by the employing agency*

Employing Agency \_\_\_\_\_

Last report to include retirement contribution \_\_\_\_\_  
*(Month, or if state employee, last payroll check issue date)*

Last day for which employee was paid \_\_\_\_\_ (Month/Day/Year)

I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment at said agency.

**Sign Here →** Payroll Officer Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_  
*Employer*

Send this form with the payroll report which includes the member's final deposit. **If this is a state agency reporting unit, do not submit this form to the Retirement Systems until all warrant cancellations for this individual have been processed by the state comptroller.**

## Instructions for Refund Request

Complete the first page of this form, including having your signature notarized. If you elect a direct rollover, the trustee must complete the trustee information in the Distribution Information section. The trustee official must verify if their plan accepts or does not accept non-taxable funds. The trustee official must also sign to affirm acceptance of the transfer.

The Employer Certification (above) should be completed by the employing agency. The refund will not be processed until the Retirement Systems of Alabama (RSA) receives the member's final deposit along with this form and any additional requested information.

Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.

After this form has been completed, any address change must be submitted to the RSA in writing and be signed by the applicant. Include your Social Security number or PID number on any correspondence.

## Employee Termination Statement

I hereby certify that I have permanently terminated my employment in any agency covered by the Retirement Systems indicated and request that the contributions and applicable interest be distributed as shown. I further certify I do not have a contract nor am I negotiating for employment with any agency covered by the System indicated. I understand that I am *not entitled to the total interest* credited to this account, but a proportion of the total interest determined by RSA service credited to this account. The refundable funds in my account are due to me and unpaid, and I understand that payment in accordance with this form will release the RSA from any claim for other benefits.

**No portion of the refund is subject to state of Alabama income tax.**

If you have any questions regarding the taxability of your refund, contact the IRS or a tax advisor.