

## APPLICATION FOR REFUND OF CONTRIBUTIONS - LRS

1. Please print or type clearly. Complete sections 1, 2, & 4.
2. Send this form to your Payroll Department. **Do not send to Legislative Retirement System (LRS).**
3. If the taxable portion (interest earned) of your refund is *less* than \$200.00, LRS will withhold federal income tax. Typically the rate is 30%, or if you are over 59 1/2, the withholding rate is 20%.
4. If the taxable portion (interest earned) of your refund is *more* than \$200.00, LRS is required to withhold federal income tax unless you directly roll over the taxable portion to another eligible retirement plan. You will be notified by LRS if this applies to you.
5. Refunds include accumulated employee contributions and credited interest earnings (if any).
6. **Upon receipt of refund application in this office, please allow 8 weeks for processing.**

### SECTION 1 - MEMBER INFORMATION

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

(Last) (First) (MI) (Maiden)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail : \_\_\_\_\_ Daytime Phone No: (\_\_\_\_) \_\_\_\_\_  
(mm) (dd) (yyyy)

State Agency/Department in which you were employed: \_\_\_\_\_

### SECTION 2 - MEMBER SIGNATURE

**I understand that Group Term Life Insurance (GTLI) charges are not refundable. I also understand that by receiving this refund I waive all rights to benefits accrued from this system, including GTLI.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 - PERSONNEL/PAYROLL USE ONLY

1. Please provide the following dates for the above mentioned employee (if applicable).

Termination date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Military Leave: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ LWOP: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Complete salary & contributions information for the current fiscal year.

MONTH	SALARY	CONTRIBUTIONS
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
<b>TOTALS:</b>		

3. Read the statement below and sign.

This employee has terminated with this Department. I certify that these amounts are the total and final employee and employer-paid contributions for the current and/or prior fiscal year.

\_\_\_\_\_  
Payroll Officer Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

### FOR LRS USE ONLY - PRIOR YEAR'S INFO

Total # of Months: \_\_\_\_\_ Total Salary: \_\_\_\_\_ Total Contributions: \_\_\_\_\_

**O.C.G.A. § 50-36-1(e)(2) Affidavit** - LRS must verify the lawful presence in the United States of any natural person 18 years of age or older who has applied for retirement benefits at the time they apply for benefits. Please complete section 4 and attach a secure verifiable document to this application. The following is a list of some of the acceptable secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, which contains documents that are verifiable for identification purposes. Documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

A full list of acceptable documents is available online at [www.ers.ga.gov](http://www.ers.ga.gov).

**SECTION 4 - O.C.G.A. § 50-36-1(e)(2) AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a refund of contributions and interest, as referenced in O.C.G.A. § 50-36-1, from the Legislative Retirement System of Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:  
\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached a copy of at least one secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided to ERSGA with this affidavit can best be classified as: \_\_\_\_\_.

**(Attach a copy of the secure and verifiable document or photo id)**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Last four digits of SSN \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

**NOTE: The original notarized Residency Affidavit and a copy of the secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list must be returned to ERSGA.**