



## APPLICATION FOR REFUND OF CONTRIBUTIONS – GDCP

1. Please print or type clearly. **For faster service, this refund can be processed online by accessing your account at [ers.ga.gov](http://ers.ga.gov).**
2. Send this form to your Payroll Department. Do not send to Georgia Defined Contribution Plan (GDCP).
3. If the taxable portion (interest earned) of your refund is *less* than \$200.00, GDCP will withhold federal income tax. Typically the rate is 30%, or if you are over 59 ½, the withholding rate is 20%.
4. If the taxable portion (interest earned) of your refund is *more* than \$200.00, GDCP 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 GDCP 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 PAYMENT METHOD

Please select **ONE** of the following methods of payment:

- Please mail my refund check to the address listed above.
- Please direct deposit my refund check to the following financial institution:

<b>Account Type:</b>	<b>Financial Institution Name</b> _____
<input type="checkbox"/> Checking Account	<b>Account Number</b> _____
<input type="checkbox"/> Savings Account	<b>9-digit Routing or Transit Number</b> _____

**ATTACH**

**CHECKING:** A voided pre-printed check or direct deposit authorization form from your banking institution must be attached. Starter checks will not be accepted.

**SAVINGS:** A savings account deposit slip, or an official letter from your financial institution, confirming the name(s) on the account, the account number, and the routing number, must be attached.

DO NOT STAPLE – Please use tape

### SECTION 3 - MEMBER SIGNATURE

I understand that by receiving this refund I waive all rights to benefits accrued from this system.

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