



Application for Refund of Contributions - LRS

1. Please print or type clearly. Complete sections 1, 2, & 4. **For faster service, this refund can be processed online by accessing your account at ers.ga.gov.**
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 JRS 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)

Date of Birth: ____/____/____ Email: _____ Daytime Phone (____) _____
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.

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.
3. Read the statement below and sign.

Month	Salary	Contributions
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
TOTALS:		

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 - JRS 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 attached a secure document to this application. The following a list of some of the acceptable secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and 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 online at 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 Georgia Judicial 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 ERS&A 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 ERS&A.