



## APPLICATION FOR REFUND OF CONTRIBUTIONS - PSERS

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 the Public School Employees Retirement System (PSERS).**
3. If the taxable portion (interest earned) of your refund is *less* than \$200.00, PSERS 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, PSERS 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 PSERS 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)

School System in which you were employed: \_\_\_\_\_

I have ☐ have not ☐ worked for another school system as a member of the PSERS since last June. If you have, please list the name of the System(s). \_\_\_\_\_

### SECTION 2 - MEMBER SIGNATURE

**I request a refund of my contributions from PSERS. I also understand that by receiving this refund I waive all rights to benefits for myself, my heirs, and assigns that have accrued from this system.**

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 contributions information for the current fiscal year.

3. Read the statement below and sign.

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

Total # of Months: \_\_\_\_\_

Total Contributions: \_\_\_\_\_