



RICHMOND RETIREMENT SYSTEM

REQUEST FOR REFUND OF DEFINED BENEFIT PLAN CONTRIBUTIONS

PART A. MEMBER INFORMATION

1. Name:	2. SSN:	3. Birth Date:
4. Address:		5. Phone Number:
6. Department:	7. Employment Date:	8. Resignation Date:

PART B. ELECTION OF REFUND OF CONTRIBUTIONS

9. Please indicate your refund payment option choice below. (Check One)

I elect to receive payment of my refund of retirement contributions in a lump sum, less all applicable federal and state withholding taxes. (See the attached "Special Tax Notice Regarding Plan Payments.") All post-tax contributions will be refunded to you and are not subject to tax withholding.

I elect to receive payment of my refund of retirement contributions via direct rollover, paid directly from the System to the custodian of an eligible retirement plan as defined in Section 401(a), 401(k), 403(b) or 457 of the Internal Revenue Service Code, a traditional individual retirement account (IRA) or an individual retirement annuity. **(NOTE: Rollover instructions must be provided by the qualified plan.)** All post-tax contributions will be refunded to you and are not subject to tax withholding.

PART C. CERTIFICATION

10. Member's Certification

I hereby certify that: 1) I am a former employee of a participating employer who has paid contributions to the System; 2) I have read and understand the information provided with this form; 3) I understand a 20 percent federal tax will be withheld from the **taxable** portion of my refund and an additional 4 percent state tax will be withheld; 4) I may be subject to an additional 10 percent federal tax penalty on the **taxable** portion of my refund; and 5) I have selected the payout of funds as shown above and understand I am no longer eligible for future retirement benefits from the System.

Member's Signature _____
Date

TO BE COMPLETED BY NOTARY or by other Court Official authorized to take acknowledgements:

State of _____ City/County of _____ on _____ 20 _____

The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been duly sworn by me, made an oath that the statements are true.

My commission expires: _____

Notary Public _____ Notary Registration Number: _____

RRS Use Only

Resignation date verified _____	Set up on Payroll System _____
Contributions Amount _____	_____
Interest Amount _____	1st Reviewer _____ Date _____
Total Payment Amount _____	2nd Reviewer _____ Date _____

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