

**FIREFIGHTERS' RETIREMENT SYSTEM**

Po Box 94095, Capitol Station  
Baton Rouge, LA 70804-9095

**REQUEST FOR REFUND OF CONTRIBUTIONS**

I hereby make application for refund of accumulated contributions on deposit in my account at the Firefighters' Retirement System. I do hereby waive and relinquish for myself, my heirs, and my assigns, all accrued rights in the retirement system. I understand that all creditable service will be forfeited upon acceptance of said refund. I also understand that if I am re-employed, I must wait for a period of 18 months before I am eligible to repay those contributions plus interest to restore my service credit. I understand that if I am re-employed after attaining age 50, I will not be eligible for membership or repayment. Note: If you have been dismissed and you are appealing your dismissal to the Civil Service Board, it is suggested that you do not accept a refund, pending the Civil Service Board decision.

**INSTRUCTIONS TO APPLICANT**

- Please rollover pre-tax contributions in the amount of \$\_\_\_\_\_ to the institution indicated below. An approved acceptance letter from the financial institution is attached to this request.
- I hereby certify that I received from the FRS Plan Administrator a copy of the special tax notice regarding plan payments (IRS Notice 2002-3). I read and understand the notice. I do not wish to wait until the 30-day notice period ends before my refund is processed. I hereby affirmatively elect to waive the 30-day notice period.

Name & Address to mail check to member:

Name & Address to mail rollover check:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of member

Date

Witness

Witness

No request for refunds will be honored until certified by the employing agency. Refunds and/or rollovers shall not be payable until 90 days after termination and all contributions are received. Checks must be made payable to the member unless being transferred in a direct rollover.

**( Form continued on back)**

**INSTRUCTIONS TO EMPLOYING AGENCY**

This section is not to be completed and submitted until **30 days after termination**. Should the member become re-employed within **90 days after termination**, this request will become invalid.

**This is to certify that \_\_\_\_\_, SS# \_\_\_\_\_ has terminated his employment with the \_\_\_\_\_ Fire Department effective \_\_\_\_\_.**

\_\_\_\_\_  
Mayor or City Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date