



FIREFIIGHTERS' RETIREMENT SYSTEM

P.O. Box 94095, Capitol Station
Baton Rouge, Louisiana 70804-9095
Telephone (225) 925-4060 • Fax (225) 925-4062



MICHAEL D HEMPHILL
CHAIRMAN

JOANNA JACOB
Administrator

R BRADY BROUSSARD
MARGENE McCOY
FRANCIS HEITMEIER
GORDON KING
DONALD NUGENT
VIC STELLY

BILL DESORMEAUX
VICE-CHAIRMAN

REQUEST FOR WITHDRAWAL UNDER R.S. 11:157

Applicant's Name _____ SSN # _____

Mailing Address _____

Date of Request _____

LSA - R.S. 11:157 allows members of this retirement system who are also contributing to the Social Security program to withdraw from membership in the retirement system if they so desire.

The FRS Board of Trustees requires that each applicant for withdrawal under these provisions be notified of the following:

1. You must be a member of **both** FRS and Social Security in order to be eligible to withdraw.
2. Your decision to withdraw must be of your own free will and you must sign an affidavit attesting to the fact. SEE BACK OF THIS FORM.
3. If you decide to withdraw, your accumulated contributions will be returned to you.
4. If, after withdrawal, your membership in Social Security is cancelled for any reason, you are **required** to rejoin the FRS. Otherwise, you **may** rejoin the FRS after a one-year waiting period after which you must remain a member for at least one year.

If you have any questions at all, contact the retirement office **immediately**. This request is not valid unless you sign below and complete the affidavit on the back of this form.

CERTIFICATION:

I certify that I have read the above information and fully understand the conditions of my withdrawal from the FRS under the provisions of R.S. 11:157. I hereby make application for withdrawal effective on the first day of the month following the date of request shown above subject to the retirement office receiving all contributions due on my behalf through the date of request.

Applicant's Signature

Date

Person in Charge of Payroll



AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared _____, Social Security No. _____, who upon being first duly sworn, did depose and state that he is employed by _____,

a municipality, parish, or fire protection district in the state of Louisiana which has its firefighters covered under the Federal Social Security program and that under the provisions of LSA R.S. 11:157 he does hereby elect to not be a member of the Firefighters' Retirement System; that this election not to be a member is of his own free will and is his voluntary act and deed; that he understands that he shall be refunded his employee contributions, if any, which have been received by the retirement system, without interest, for any period for which he contributed to the system; and that he hereby relinquishes for himself, his heirs, and his assigns, all accrued rights and forfeits all creditable service in the Firefighters' Retirement System upon acceptance of said refund.

AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the parish _____, day of _____, 20____.

NOTARY PUBLIC