

Contribution Determination Form At Termination of Services

Name: _____ **Parish:** () _____

Mailing Address: _____

City/Zip: _____ **Date of Termination:** _____

SSN: _____ **Annuity Balance:** \$ _____
 \$ _____ **Unsheltered Contri.**
 \$ _____ **Sheltered Contri**
 This balance is as of ___/___/_____

A member of this system whose employment has been terminated is entitled to a refund of their accumulated contributions, OR may leave his/her money on deposit indefinitely, however, no interest will be accrued while being held in the system.

Please return this form to the above address immediately. It will enable this office to process your request timely.

- () I wish to have my contributions refunded.
- () I wish to have my funds Rolled-Over. (Transfer agency instructions must accompany this request)
- () I wish to leave my contributions on deposit pending further instructions from me.

Signature of Employee **Date of Signature**

()

Address / City / Zip / Telephone # (Include area code)

SIGNATURE OF REGISTRAR OF VOTERS AND POLICE JURY FINANCIAL OFFICER VERIFYING TERMINATION DATE
 If you have given a letter of resignation or have been terminated, please send the copy of the appropriate form along with this document.

PLEASE ATTACH COPY OF TERMINATION OR RESIGNATION

 Signature of Registrar of Voters Signature of Parish Financial Officer

RETIREMENT OFFICE USE ONLY		
Refund approved by _____, Director		
Date of Refund _____	Check # _____	Initial Amount \$ _____
Date of Refund _____	Check # _____	Initial Amount \$ _____