



## TERMINATED MEMBER'S APPLICATION FOR REFUND OF ACCUMULATED CONTRIBUTIONS

Member's Name:
Member's Mailing Address:

### SECTION I – CERTIFICATION OF TERMINATION

Date:

To the Board of Trustees:

I, \_\_\_\_\_ (*Print Name*), whose Social Security Number (*Last 4*) is \_\_\_\_\_, hereby make application for the return of the amount of contributions heretofore made by me to the New Hampshire Retirement System (NHRS), including contributions made to a predecessor system, together with allowable interest credits thereon. In consideration of the return of such amounts, I hereby waive for myself, my heirs and assigns, and my beneficiary or beneficiaries, all rights, title, and interest in any and all funds under the care and control of the Board of Trustees of the New Hampshire Retirement System.

I am not now employed by any State Agency, or by any County, City, Town, or School District that is participating in the NHRS. I terminated my membership in the NHRS by leaving my position as:

\_\_\_\_\_ Effective: \_\_\_\_\_  
*(Title as it appeared on payroll)*                      *(Agency, County, City, Town, or School District)*                      *(Date Terminated)*

My classification was:     Employee\*     Teacher\*     Police Officer     Firefighter

\* Employees and Teachers may not submit this application until 30 days after termination. This Application shall be void if re-employment in any NHRS category occurs during that 30-day period.

If your name has been changed since the date of NHRS enrollment, please list all prior names below:

\_\_\_\_\_

I understand that if I withdraw my accumulated contributions, my membership in the NHRS is fully terminated. Thereafter, if I subsequently become employed as an individual eligible for NHRS membership, I will be enrolled as a new member but would have the option of reinstating previous creditable service of six months or more by repaying withdrawn accumulated contributions with interest from the date of withdrawal to the date of repayment.

If I have completed 10 or more years of creditable service and elect a return of my accumulated contributions upon termination of employment, I understand that I have waived my right to a Vested Deferred Retirement benefit.

I also understand that I may retain my membership in the NHRS unless I: (a) withdraw my accumulated contributions or (b) become a beneficiary under the NHRS.

**SECTION II – DISTRIBUTION ELECTION**

It is my understanding if my taxable accumulated contributions exceed \$200.00. I may avoid current Federal income taxes and penalties by electing a trustee-to-trustee transfer where the NHRS will directly transfer the taxable portion of my accumulated contributions to an "Individual Retirement Arrangement" (IRA) or other eligible retirement plan. I also understand that, subject to certain restrictions, I may also elect a trustee-to-trustee transfer of any after-tax contributions. If I do not want the NHRS to make a trustee-to-trustee transfer, I may instead elect to have my accumulated contributions paid directly to me as a single sum payment in cash, after 20% mandatory Federal income tax withholding on the taxable portion of the distribution.

Having read the *Special Tax Notice Regarding Your Rollover Options*, I hereby elect to have my accumulated contributions distributed as follows:

- 1. After-tax contributions. Choices limited to cash and/or one trustee-to-trustee transfer
  - Cash paid directly to me \_\_\_\_\_%
  - Trustee-to-trustee transfer\*\* \_\_\_\_\_%
  
- 2. Pre-tax contributions and interest. Choices limited to: (a) cash only, (b) cash and one Trustee-to-Trustee transfer or (c) one or two trustee-to-trustee transfers
  - Cash paid directly to me, after 20% Federal income tax withholding \_\_\_\_\_%
  - Trustee-to-trustee transfer\*\* \_\_\_\_\_%

\*\* If you selected one or more trustee-to-trustee transfers above, you must also complete and return to NHRS a *Terminated Member's Request for Trustee-to-Trustee Transfer*.

I hereby certify that I have read, and fully understand, all of the terms of this *Terminated Member's Application for Refund of Accumulated Contributions* and the *Special Tax Notice Regarding Your Rollover Options*, which are intended to facilitate my request. I have either requested no assistance in understanding these documents or have received all the assistance I require in this matter. I also understand that in this instrument, the terms "I" and "me" refer to the undersigned; that the terms "New Hampshire Retirement System" and "NHRS" refer to the proposed transferor plan, being the retirement plan in which I now have an interest, and wish to have transferred to another plan; and that the term "eligible retirement plan" refers to the IRA or other plan into which I have directed that my interest in the NHRS be transferred.

I also certify that, if made, the refund of accumulated contributions requested herein, whether paid in cash or subject to a trustee-to-trustee transfer, will not result in the violation of the terms and conditions of any "Qualified Domestic Relations Order" applicable to my interest under the NHRS.

**SECTION III – CERTIFICATION AND SIGNATURE**

I certify under penalties of perjury that the information in Section I, Certification of Termination, is correct and complete to the best of my knowledge and belief.

Member's Name: \_\_\_\_\_ Member's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Member

\_\_\_\_\_  
Signature of Person Taking Acknowledgment Title (Notary Public or Justice of the Peace) Expiration Date Affix Seal

**SECTION IV – TO BE COMPLETED BY EMPLOYER IF MEMBER TERMINATED EMPLOYMENT AFTER 1/1/12**

Member terminated employment on:		Final compensation paid on:	
Base: \$	COB/ESDP: \$	Total: \$	
Termination pay is no longer considered Earnable Compensation for non-vested members. If you have reported termination pay to NHRS, please provide the amount reported: \$			
Name:	Signature:	Phone Number:	