

DECEASED MEMBER'S REFUND OF CONTRIBUTIONS

RETURN FORM TO: SHERIFFS' PENSION FUND, 1225 NICHOLSON DR., BATON ROUGE, LA 70802

MEMBER'S NAME

SOCIAL SECURITY NUMBER

PARISH OF EMPLOYMENT

DATE OF BIRTH

DATE OF EMPLOYMENT

LAST DATE OF EMPLOYMENT

DATE OF DEATH

\$ TOTAL CONTRIBUTIONS

\$ TAX SHELTERING PARISHES: TOTAL TAXABLE CONTRIBUTIONS

PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE MUST BE NOTARIZED.

I wish to receive a refund of contributions held on deposit for the above member. I understand that I cannot receive a refund before 30 days from the last date of employment. I acknowledge that I am the legal heir(s) of the member or have been appointed by the courts as administrator or executor of the estate.

I understand that Federal Law permits a rollover of the taxable portions (SPOUSE ONLY) of the contributions to an IRA or to another qualified retirement plan; and if payment of this taxable portion is not made directly to an IRA or to another qualified plan, the Sheriffs' Pension Fund is required by Federal Law to withhold 20% (SPOUSE ONLY) of the taxable portion of the refund. I understand that the non-taxable (after-tax) portion can be rolled over only as described in the SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS. A copy of the SPECIAL TAX NOTICE REGARDING PLAN PAYMENT is available by contacting the Pension Fund Office. I understand that I may take 30 days from receipt of the Special Tax Notice to make a decision concerning the distribution of the funds. (If you need the 30-day period to make your decision, do not submit this form at this time.) I HEREBY WAIVE THE 30-DAY WAITING PERIOD.

Please pay the refund as follows:

- 1. Pay the entire portion of the refund of contributions directly to me.
2. Pay the total taxable/non-taxable amount of the refund as a direct rollover and pay any non-taxable (after-tax) amount directly to me. (Amount to be rolled over must be at least \$200)
3. Pay \$ of the taxable refund as a direct rollover; pay the remaining taxable amount and any non-taxable (after-tax) amount directly to me. (Amount to be rolled over must be at least \$500)

IF I ELECT TO ROLL OVER ANY TAXABLE OR NON-TAXABLE PORTIONS, I WILL HAVE THE FINANCIAL INSTITUTION SUBMIT "A ROLLOVER REQUEST FORM" WITH PAYMENT INSTRUCTIONS.

If I checked line 2 or 3, the name and address of the financial institution accepting the rollover is provided below.

Name of Institution Accepting Rollover

Address of Institution

SPOUSE SIGNATURE - IF APPLICABLE IF NO SPOUSE INDICATE NONE

PRINTED NAME OF SPOUSE

IF DIVORCED during time of employment, additional Information is needed

SIGNATURE OF HEIR

PRINTED NAME OF HEIR

SIGNATURE OF HEIR

PRINTED NAME OF HEIR

SIGNATURE OF HEIR

PRINTED NAME OF HEIR

Sworn to and subscribed before me this day of ,

EX-OFFICIO/NOTARY PUBLIC SIGNATURE

PRINTED NAME OF NOTARY & ID#

PARISH/COUNTY

SHERIFF OR AUTHORIZED REPRESENTATIVE