

NOTICE OF TERMINATION/CHANGE OF STATUS

EMPLOYEE NAME _____

HOME ADDRESS (STREET/P.O. BOX) _____

CITY, STATE & ZIP CODE _____

HOME TELEPHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

PARISH OF EMPLOYMENT _____

DATE CONTINUOUS SERVICE BEGAN _____

LAST DATE OF EMPLOYMENT _____

INDICATE YOUR PREFERENCE CONCERNING YOUR FUNDS ON DEPOSIT IN THE SHERIFFS' PENSION FUND.

_____ I wish to leave my funds on deposit:

_____ Due to change in status to Part-time.

_____ Due to call to Active Military Duty.

_____ For possible later employment. If termination is due to Leave of Absence, expected date of return _____.

_____ For Retirement when I become eligible. Expected date of retirement _____

_____ I wish to leave my funds on deposit due to transfer of employment from present Parish of _____ to _____ Parish, effective date of _____.

_____ I have terminated employment and have no plans to work for another sheriff's office in Louisiana. I wish to apply for a refund of my employee contributions. I understand that a refund automatically cancels all my rights in the fund and forfeits all prior service and military service as well as membership credit for the period refunded. *(This form must be completed, signed by the member and submitted with the refund form to be eligible to receive a refund.)*

_____ I wish to apply for a Direct Rollover of my funds.

_____ I wish to make application for Regular Retirement.

_____ I wish to make application for Deferred Retirement Option Plan (BACK DROP) Benefits.

_____ I wish to make application for Disability Retirement Benefits.

EMPLOYEE'S SIGNATURE

SHERIFF OR AUTHORIZED REPRESENTATIVE

DATE

REFUND OF CONTRIBUTIONS

NAME	SOCIAL SECURITY NUMBER
*MAILING ADDRESS (STREET OR P.O. BOX) (IRS form 1099 will be mailed to this address)	PARISH OF EMPLOYMENT
CITY, STATE, ZIP CODE	DATE OF BIRTH
HOME TELEPHONE NUMBER	MARITAL STATUS: SINGLE/MARRIED/DIVORCED
DATE CONTINUOUS SERVICE BEGAN	LAST DATE OF EMPLOYMENT
\$ TOTAL CONTRIBUTIONS	\$ TAX SHELTERING PARISHES: TOTAL TAXABLE CONTRIBUTIONS

PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE MUST BE NOTARIZED.

I wish to receive a refund of my contributions. I understand that I cannot receive a refund if I am employed (full-time or part-time) in any sheriff’s office in Louisiana, and that I must be terminated from the sheriff’s office for 30 days in order to receive a refund. I understand that if I become a member of the Sheriffs’ Pension Fund again, I may repay the refund, plus interest, to regain the service for which I was refunded. I understand that a refund automatically cancels all my rights in the fund and forfeits all prior service and military service as well as membership credit for the period refunded.

I understand that Federal Law permits a rollover of the taxable portions of my refund 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% of the taxable portion of my 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 PAYMENTS 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 my 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 my refund as follows:

1.

Pay my entire refund of contributions directly to me.
Please mail my check to the following address if different from above:
2.

Pay the total taxable amount of my 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 my 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)
4.

Pay the total taxable and non-taxable amount of my refund as a direct rollover.

If I elect to rollover any taxable or non-taxable portions, I will have the financial institution submit “An acceptance letter” with payment instructions.
The name and address of the financial institution accepting the rollover are provided below.

Name of Institution Accepting Rollover	Address of Institution
SIGNATURE OF MEMBER	Sworn to and subscribed before me this day of ,
SPOUSE SIGNATURE - THIS CANNOT BE BLANK. IF NO SPOUSE, PLEASE INDICATE NONE. IF DIVORCED during time of employment, additional information is needed.	EX-OFFICIO/NOTARY PUBLIC AND NOTARY ID #
PRINTED NAME OF SPOUSE	PARISH/COUNTY
SHERIFF OR AUTHORIZED REPRESENTATIVE	MAIL FORM TO: SHERIFFS’ PENSION FUND 1225 NICHOLSON DRIVE BATON ROUGE, LA 70802