

Louisiana State Police Retirement System

9224 Jefferson Hwy
 Baton Rouge, LA 70809
 (225) 295-8400 or (800) 256-5210

Refund of Accumulated Contributions

Name and Address			
Full Name (please print):			
Current Mailing Address:			
City, State and Zip Code:			Telephone Number:
Member's Statement			
To: Louisiana State Police Retirement System Board of Trustees		Date: _____	
I hereby make application for the return of the accumulated contributions standing to the credit of myself or the deceased member named below.			
In consideration of the return of such amount, I do hereby waive and relinquish for myself, my heirs, and my assigns all accrued rights in the System. I also understand that all creditable service is forfeited by acceptance of said refund and that in order to reestablish such forfeited creditable service, I must again become a member of the System and upon earning 18 months of creditable service may then repay my refund plus interest.			
I understand that LSPRS will withhold the appropriate federal taxes (if applicable) and forward the remaining amount to me. If I have not obtained the age of 59½, I understand that this is considered an early distribution by the IRS and LSPRS will provide me with the appropriate IRS notification regarding early lump sum distributions.			
Section A <i>This section to be filled in by Member only</i>	Section B <i>Method of Payment</i>	Section C <i>This section to be filled in by Beneficiary only</i>	
Last employed at Troop:	Payment method: <input type="checkbox"/> Check Mailed to the above address (stop here) <input type="checkbox"/> Rollover to Qualified Plan –see below	Name of deceased member:	
Termination date: Date of Birth:	Rollover Acceptance Paperwork Attached: <input type="checkbox"/> Yes <ul style="list-style-type: none"> Funds must be rollover eligible If requesting a rollover, you must include paperwork with this form 	Employed by Troop:	Date of Death:
Social Security Number:	Name of Qualified Plan: _____ _____	Relationship to the deceased (must attach proof of relationship):	
Signature of member:		Signature of beneficiary:	
For Office Use Only			
Check Number	Date of ACH (if electronic)	Date of Check	Amount
Posted:		Approved By:	