ERSGA
Employees' Retirement System of Georgia
Serving those who serve Georgia

D 3 $ E R S

APPLICATION FOR REFUND OF PENSION PLAN CONTRIBUTIONS - GSEPS

1. Please print or type clearly.
2. This application is for pension plan refunds only. To request a distribution or rollover of your 401(k) plan, access your account at www.GaBreeze.ga.gov or call 1-877-342-7339.
2. Send this form to your Payroll Department. **Do not send to Employees' Retirement System (ERS).**
3. If the taxable portion (interest earned) of your refund is *less* than $200.00, ERS will withhold federal income tax. Typically the rate is 30%, or if you are over 59 1/2, the withholding rate is 20%.
4. If the taxable portion (interest earned) of your refund is *more* than $200.00, ERS is required to withhold federal income tax unless you directly roll over the taxable portion to another eligible retirement plan. You will be notified by ERS if this applies to you.

SECTION 1 - MEMBER INFORMATION

Name: _____ SSN: ☐☐☐ ☐☐ ☐☐☐☐
(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ E-mail : _____ Daytime Phone No: (_____) _____
(mm) (dd) (yyyy)

State Agency/Department in which you were employed: _____

SECTION 2 - MEMBER SIGNATURE

I understand that by receiving this refund I waive all rights to benefits accrued from the GSEPS ERS pension plan.

Member Signature: _____ Date: _____

SECTION 3 - PERSONNEL/PAYROLL USE ONLY

1. Please provide the following dates for the above mentioned employee (if applicable).

Termination date: ____/____/____ Military Leave: ____/____/____ to ____/____/____ LWOP: ____/____/____ to ____/____/___

2. Complete salary & contributions information for the current fiscal year.

MONTH	SALARY	CONTRIBUTIONS
July		
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
TOTALS:		

3. Read the statement below and sign.

This employee has terminated with this Department. I certify that these amounts are the total and final employee and employer-paid contributions for the current and/or prior fiscal year.

_____
Payroll Officer Name

_____
Signature

_____ _____
Date Telephone Number

FOR ERS USE ONLY - PRIOR YEAR'S INFO

Total # of Months: _____ Total Salary: _____ Total Contributions: _____

D3-ERS GSEPS 04/2011