



***REFUND REQUEST—DEFINED BENEFIT PLAN FORM***



# INFORMATION ABOUT THE *REFUND REQUEST—DEFINED BENEFIT PLAN FORM*

To withdraw your PERAPlus 401(k)/457 Plan accounts or PERA DC Plan account, call 1-800-759-7372 and select the PERAPlus/DC option.

## **COMPLETING THE *REFUND REQUEST—DEFINED BENEFIT PLAN FORM***

- » Use this *Refund Request—Defined Benefit Plan* form to refund your PERA benefit structure and/or DPS benefit structure DB Plan account(s).
- » If you would like to roll over all or a portion of your DB Plan account(s), use the *Rollover Request—Defined Benefit Plan* form on pages 13–15.
- » You must submit a *Refund Request—Defined Benefit Plan* form to PERA with an original signature and notarization; a photocopy or faxed form will not be accepted. Side 2 of this form may be photocopied if you have more than one employer to certify termination of employment.
- » Your signature must be notarized in the Notary Public section on page 19.
- » If you would like to have PERA withhold an additional federal tax amount (20 percent is automatically withheld), call the PERA Customer Service Center for additional information.
- » If your address is outside of the United States, see “If You Are a Nonresident Alien” on page 9 for information about income taxes that may be withheld from your refund.

## **PROCESSING TIME FOR THE *REFUND REQUEST—DEFINED BENEFIT PLAN FORM***

- » Generally, your check(s) will be issued within 90 days of receiving a *Refund Request—Defined Benefit Plan* form as long as the form is complete.
- » Incomplete forms will require PERA to request additional information from you to process your refund; if you do not respond to our requests for additional information, your refund will be canceled.
- » The issue date of your check(s) depends on (1) the date PERA receives your *Request* form; (2) the certified date of termination; (3) the end of the month in which you were last on the payroll report; and (4) the date PERA receives any required supplementary documentation.
- » Your check(s) will be mailed to the address you provide on your *Request* form.



**Member SSN**

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See instructions for completing this form to the left on page 18.

**Member Information**

*Name must be the same as the name on your Social Security card*

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State ZIP Code

Daytime Telephone ( ) \_\_\_\_\_ Birthdate \_\_\_\_\_

*Your refund check(s) will mail to this address*

**Refund**

**By requesting a refund of my Defined Benefit (DB) Plan account(s), I understand that:**

- I am refunding my entire DB Plan account(s) to myself, and if I have both a PERA benefit structure and DPS benefit structure account, it applies to both DB Plan accounts.
- Federal income tax will be deducted at a rate of 20 percent from the tax-deferred portion of my refund.
- There may be a 10 percent additional income tax for early distribution imposed by the IRS for refunding. (See "If I Don't Do a Rollover, Will I Have to Pay the 10 Percent Additional Income Tax on Early Distributions?" on page 7.)

**Member Certification**

**I have read all of the information provided in the *Refund/Rollover Request* booklet and I understand that by refunding my DB Plan account(s):**

- I will forfeit any rights associated with my present DB Plan account(s), my right to any future benefits with PERA, and I am solely responsible for all taxes and consequences of my decision.
- My refund will be paid to me in the manner I requested, and I understand once it is paid, my refund cannot be reissued or returned to PERA.
- With my signature below, I wish to waive the 30-day waiting period the Internal Revenue Code affords me and I understand that this waiver does not guarantee my refund will be sent to me in less than 30 days. *Note:* Call PERA if you do not wish to waive this waiting period.
- I understand that my DB Plan account(s) will be refunded to me within 90 days of PERA receiving the necessary documentation, which includes any information from me and my former employer(s) to process my refund.

**Sign Here →**

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary Public**

**Have a notary public complete the certification below (required).**

*Places for you to have this form notarized include your employer, bank, or at PERA*

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

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ ,

by \_\_\_\_\_ .

Witness my official hand and seal. Commission expires: \_\_\_\_\_

Notary Public \_\_\_\_\_

*Form continued on reverse*



# Refund Request—Defined Benefit Plan (Page 2)

Colorado Public Employees' Retirement Association  
PO Box 5800, Denver, Colorado 80217-5800  
1-800-759-PERA (7372) • www.copera.org

Name \_\_\_\_\_ SSN \_\_\_\_\_

### Termination Certification by Former Payroll Office

*If you received a paycheck from your employer within the past 90 days, have your employer complete this section*

*If you were paid by more than one PERA employer, make copies of this page and have each employer complete this section*

#### To be completed and signed by payroll office.

**Employer:** Please return this form, which must be signed by a certifying official, promptly to PERA. If the employee has been off your PERA Contribution Report for more than 90 days (unless on a leave of absence), you do not need to complete this certification.

1. Specify the last date the member was or will be paid through (including contract payments and annual leave accrual paid in advance) or the last day of unpaid leave of absence, whichever is later

\_\_\_\_\_ month/day/year

2. Specify the final month the member will appear on your Contribution Report

\_\_\_\_\_ month/year

3. Specify the total member contributions (including adjustments) reported for the member on all Contribution Reports submitted for the final month

\$ \_\_\_\_\_

4. Has this member terminated employment?  Yes  No  
If yes, what is the termination date?

\_\_\_\_\_ month/day/year

\_\_\_\_\_  
Signature and Title of Certifying Official (Payroll Specialist)

\_\_\_\_\_  
Date

( )

\_\_\_\_\_  
Employer Name (please print)

\_\_\_\_\_  
Employer Number

\_\_\_\_\_  
Telephone Number

*Form continued on next page*

## Refund Request—Defined Benefit Plan (Page 3)

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Name \_\_\_\_\_ SSN \_\_\_\_\_

### Social Security Card

*Attach a photocopy of your Social Security card if you worked less than 18 months for a PERA employer*

#### Attach a Legible Photocopy of Your Signed Social Security Card Below.

- DO NOT SEND YOUR ORIGINAL SOCIAL SECURITY CARD.
- Your Social Security card *must* have your current name.
- If you do not have a copy of your Social Security card or need a new card, contact Social Security at 1-800-772-1213.

Extend transparent tape to edges of card. Do not staple or glue.

