



KPERS-13
Revised 11/08

Application for Withdrawal of Contributions

Please complete all pages of this form.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638
e-mail: kpers@kpers.org • web site: www.kpers.org • mail: 611 S. Kansas Ave., Suite 100, Topeka, KS 66603

■ Part A – Member Information

- Social Security Number: _____ - _____ - _____
- Name (First, MI, Last): _____
- Withdrawing From (mark all that apply): KPERS KP&F Judges
- Telephone Number: (____) _____
- Mailing Address: _____
- E-mail Address: _____
- City, State, Zip: _____

Important: Kansas law requires that your application for withdrawal cannot be signed and submitted until 31 days after you end employment. Your former employer must complete Part B if you recently left employment.

■ **Part B – Employer Certification** – This section must be completed by your former employer’s designated agent if you recently left employment. If you have been off the payroll for more than 18 months, Part B is not required.

- Employer Number: _____
- Employer: _____

3. Dept. # (locals only)	4. Cont. type R=regular D=double T=triple	5. Year certified	6. Member’s contributions (since last annual report)	7. Begin date (MM DD YY)	8. End date* (MM DD YY)
___	_____	_____	\$ _____ . _____	___/___/___	___/___/___
___	_____	_____	\$ _____ . _____	___/___/___	___/___/___
___	_____	_____	\$ _____ . _____	___/___/___	___/___/___

*Schools must report end date of last contract for continuing contract personnel (August 31 for teachers).

- I certify that upon ending employment, I have given the named member information about continuing life insurance.
 Yes No

Designated Agent Signature: _____ Month/Day/Year: ____/____/____

State Agencies Only – Department of Administration Authorized Signature

Authorized Agent Signature: _____ Month/Day/Year: ____/____/____

■ **Part C – Payment Information** – Interest is credited annually on June 30. If the Retirement System receives your application before June 30, you will not receive your interest for the current year.

“I choose to have my refund of contributions paid as follows”:

Taxable Amount – Please choose **one** payment option for the *taxable* amount of your payment. Federal law requires a mandatory 20 percent federal tax withholding on taxable amounts paid directly to you.

- Pay the entire *taxable* amount to me. *Advance to Nontaxable Amount section.*
- Pay the entire *taxable* amount to a qualified defined contribution plan, traditional IRA or Roth IRA. *Advance to #4.*
- Pay part of the *taxable* amount to a qualified defined contribution plan, traditional IRA or Roth IRA and the remainder to me. Enter the dollar amount to be paid to a rollover plan: \$ _____ The minimum rollover is \$500. *Advance to #4.*

4. If you marked #2 or #3, please list the name, address, account number and plan type of each rollover plan. Indicate percentage amounts to be paid to each plan. Total percentage amounts must be in whole numbers and equal 100 percent. Verify with your financial institution or rollover plan exactly how your withdrawal check should be made payable.

a. Rollover Plan #1

Make check payable to: _____

Account Number: _____ Mailing Address: _____

Select Plan Type: Traditional IRA Roth IRA City, State, Zip: _____

Qualified defined contribution plan Percentage to Be Rolled Over: _____ %

b. Rollover Plan #2

Make check payable to: _____

Account Number: _____ Mailing Address: _____

Select Plan Type: Traditional IRA Roth IRA City, State, Zip: _____

Qualified defined contribution plan Percentage to Be Rolled Over: _____ %

c. Rollover Plan #3

Make check payable to: _____

Account Number: _____ Mailing Address: _____

Select Plan Type: Traditional IRA Roth IRA City, State, Zip: _____

Qualified defined contribution plan Percentage to Be Rolled Over: _____ %

Nontaxable Amount: Please choose **one** payment option for any *nontaxable* amount of your payment.

5. Pay the entire *nontaxable* amount to me. *Advance to Part D.*
6. Pay the entire *nontaxable* amount to a qualified defined contribution plan, traditional IRA or Roth IRA. *Advance to #7.*
7. If you marked #6 above, please list the name, address, account number and plan type of the rollover plan. Verify with your financial institution or rollover plan exactly how your withdrawal check should be made payable.

a. Rollover Plan

Make check payable to: _____

Account Number: _____ Mailing Address: _____

Select Plan Type: Traditional IRA Roth IRA City, State, Zip: _____

Qualified defined contribution plan

■ **Part D – Direct Deposit Information** – If you want all or part of your contributions paid directly to you, you may have the payment deposited directly into your checking or savings account. If you mark “no,” the payment will be mailed to the address listed on this application.

1. Direct Deposit: Yes No
2. Financial Institution: _____
3. Location (City, State): _____ 4. Telephone Number: (____) _____
5. Type of Account: Checking Savings
6. Routing Number for Electronic Transfers: _____
7. Bank Account Number: _____

■ Part E – Member Statement and Signature

Note: Kansas law requires that your application for withdrawal cannot be submitted until 31 days after the date you end employment. This form cannot be signed until **31 days** after the end date in Part B, #8, on this form. Count the first day after your employment end date as day one. You may then apply to withdraw contributions on day 31, or any date after, if you are not working in any KPERS-covered position. If you are appealing your dismissal, you are not eligible to withdraw your contributions.

1. I certify that I am: Married Not Married

“I fully understand that when the Retirement System office receives this completed and signed form, my decision to withdraw contributions is irrevocable. I forfeit all service credit and any right to disability, retirement and any other benefits that I am, or may be, entitled to receive in the future. If I am a non-vested member, I further understand that I would have up to five years from the date my employment ends to withdraw contributions.

At the time the Retirement System receives this application I certify I am **not employed** in any position covered under the Retirement System, nor do I have any commitment for immediate employment covered under the Retirement System. I also understand my withdrawal application will not be processed until the Retirement System receives certain information from my former employer.”

Member Signature: _____ Month/Day/Year: ____/____/____

Notary Public: State of _____ County of _____
Signed or attested before me on (date) _____ by (name of person) _____
Notary Public Signature: _____ My appointment expires (month/day/year) ____/____/____.
(SEAL)

■ Part F – Spousal Consent for Withdrawal of Vested Member’s Contributions

Note: This section must be completed by your spouse if you are married and a vested member (see “Options to Consider Before You Withdraw”).

1. Spouse Name (First, MI, Last): _____

“I hereby attest that I am the spouse of the previously-named member. I understand that my spouse is a vested member of the Retirement System, and that by consenting to the withdrawal of contributions, I am forfeiting any rights to future benefits I might have been entitled to, had my spouse not withdrawn the accumulated contributions.”

Spouse Signature: _____ Month/Day/Year: ____/____/____

Notary Public: State of _____ County of _____
Signed or attested before me on (date) _____ by (name of person) _____
Notary Public Signature: _____ My appointment expires (month/day/year) ____/____/____.
(SEAL)

Options To Consider Before You Withdraw

What It Means to Be Vested

When you are “vested,” it means you have earned enough service credit to guarantee a retirement benefit, even if you leave covered employment.

- **KPERS**
KPERS members vest with ten years of service.
- **KP&F**
Tier I members vest with 20 years of service.
Tier II members vest with 15 years of service.
- **Judges**
Judges vest when they are elected or appointed.

If You Are Vested

You are **guaranteed** a monthly retirement benefit for the rest of your life if you leave your contributions in your account. In nearly all cases, over time your vested benefit is more valuable than the amount of your actual contributions. Simply keep your contributions with the Retirement System and apply for retirement benefits when you become eligible. Your contributions will continue to earn interest and you can withdraw them at any time if you change your mind.

If you do not withdraw and you return to covered employment, you will immediately become a contributing active member again and keep the credit for your past public service.

If You Are Not Vested

You are **not guaranteed** a retirement benefit. You need to withdraw your account balance **within five years** of the date you left employment. If you reach age 65 within the five-year period, you may apply for retirement benefits.

After five years, your contributions stop earning interest and you forfeit your service credit.

If you do not withdraw or retire and you return to covered employment within five years, you will immediately become a contributing active member again and keep the credit for your past public service.

Options for Withdrawing Your Contributions

You can apply to withdraw your contributions any time 31 days after you end employment. If you withdraw, you will give up all Retirement System rights, benefits and service credit. Employer contributions made on your behalf stay with the Retirement System. You can receive your contributions plus interest as a direct payment to you or roll over the amount into an eligible retirement plan. The decision to withdraw could affect your financial future, especially if you have many years of public service and accumulated contributions. Please seek professional tax advice before withdrawing.

- Option 1 Roll your contributions over into an eligible retirement plan like a 457(b) deferred compensation plan, 403(b) annuity, 401(k) plan, individual retirement account (IRA), Roth IRA or a qualified retirement plan. Except for the Roth IRA, this option allows you to defer paying taxes until a later date. The type of plan that can accept your rollover is determined by whether or not you have already paid tax on your contributions.
- Option 2 Have your contributions paid directly to you. You may owe federal taxes and possibly a 10 percent federal penalty.

Reasons to Roll Over Contributions Instead of Taking a Direct Payment

- Preserve your past efforts toward saving for retirement.
- Keep from paying taxes right away, giving your money more time to compound.*
- Avoid paying federal penalties for early distribution.

**A rollover to a Roth IRA is a taxable distribution in the year the funds are transferred. This type of rollover does have other tax advantages.*

The Withdrawal Process*

1. Have your designated agent complete the employer section of the withdrawal application, if you recently left employment.
2. Complete your part of the application and send it to the Retirement System.
3. When we receive your completed application, we will send payment within four weeks.
4. KPERS will send you a 1099-R form the following January for your income tax return.

**Interest is credited annually on June 30. If you withdraw before June 30, you will not receive your interest for the current year.*

Application Instructions

■ Part A – Member Information

You must be off the payroll from any Retirement System-covered position for at least 31 days before signing and submitting this application. You may not withdraw contributions if you are employed in a covered position, or if you move to a non-covered position with the same employer.

Note: Interest is credited annually on June 30. If you withdraw before June 30, you will not receive your interest for the current year.

1. Enter your Social Security number.
2. Enter your first name, middle initial and last name.
3. Mark the corresponding box to indicate which system you are withdrawing from: KPERs, KP&F or Judges.

Note: If you are withdrawing from more than one plan (for example, KPERs and KP&F), you may mark more than one plan if you are choosing the same payment options. Submit two applications if you wish to choose different payment options for each plan.

4-6. Enter the indicated personal information. Enter the mailing address to which the Retirement System should direct all communications on your behalf.

■ Part B – Employer Certification

Note: If the member has been off the payroll for more than 18 months, this section is not required.

1. Enter the employer's (4) four-digit identification number. State agencies, enter the state agency number preceded by the capital letter "S."
2. Enter the name of the participating employer.
3. Enter the department number to be used when reporting this member's contributions on the annual report.
4. Enter the type of contributions. Report additional service purchase (buyback) contributions on a separate line.
5. Enter the annual report year being certified.
6. Enter the member's contributions since the last annual contribution report. This amount cannot be changed after the Retirement System receives this form. The amount indicated will be used in the member's lump-sum distribution and the employer will be held accountable for this amount of money.
7. Enter the begin date for the contributions reported, if the member began contributing since your last annual report.

8. Enter the end date for contributions reported.

Important: The end date is the date that the member *last earned compensation*, not the payroll date. This date may be different than the last day at work due to paid leave, etc. Schools must report end date of last contract for continuing contract personnel (August 31 for teachers). If the member had broken service in the current year, report each service period on a separate line with the appropriate beginning and ending dates. Attach additional sheets if necessary. Previous year contributions being updated (12-15 through 4-15) should be certified on a separate line, by report year.

9. Indicate if the employee was given life insurance conversion and portability forms and information.
10. The designated agent must sign and date the form. The Retirement System will accept only the designated agent's signature on file or an authorized representative whose signature is also on file.
11. **State Agencies Only** – Department of Administration Authorized Signature: The agency official authorized to commit agency funds must sign the form.

■ Part C – Payment Information

Important: Withdrawn contributions may be paid directly to you or rolled over into an eligible retirement plan. Read and understand "Tax Information About Plan Payments" *before* completing this section. Federal law requires a mandatory 20 percent tax withholding on taxable amounts paid directly to you. Taxable amounts that are rolled over to a qualified defined contribution plan or traditional IRA will not be taxed until you take them out of the plan.

You may be eligible to establish a Roth IRA to receive a direct rollover. You are responsible for determining whether you meet the Internal Revenue Service's income limits and filing status requirements for establishing a Roth IRA. We recommend that you seek professional tax advice if you are considering this option. A rollover to a Roth IRA is a **taxable distribution** and 100 percent of the payment will be subject to federal income tax in the year the funds are transferred. KPERs does not withhold federal income tax for rollovers to Roth IRAs. We will send you a 1099-R tax form the following January for your federal income tax return.

Taxable Amount

1. Mark this box to have the entire taxable amount paid directly to you. The Retirement System will withhold a required 20 percent for federal taxes. Advance to Nontaxable Amounts.

Application Instructions (cont.)

2. Mark this box to have the entire taxable amount paid to a qualified defined contribution plan, traditional IRA or Roth IRA. Advance to #4.
3. Mark this box to have **part** of the taxable amount paid to a qualified defined contribution plan, traditional IRA or Roth IRA and the remainder to you. Enter the rollover amount in the space provided. The minimum rollover is \$500. The Retirement System will withhold a required 20 percent for federal taxes from the portion paid to you. Advance to #4.
4. If you marked #2 or #3, indicate the name, address, account number and plan type of each rollover plan. Verify with your financial institution or plan *exactly* how your withdrawal check should be made payable. Indicate the percentage of payment to be placed within each plan. The total percentage amounts must be in whole numbers and must equal 100 percent.

Nontaxable Amount

5. Mark this box to have the entire nontaxable amount paid to you. Advance to Part D.
6. Mark this box to have the entire nontaxable amount paid to a qualified defined contribution plan, traditional IRA or Roth IRA. Advance to #7.
7. If you marked #6, indicate the name, address, account number and plan type of the rollover plan. Verify with your financial institution or plan *exactly* how your withdrawal check should be made payable.

■ Part D – Direct Deposit Information

Note: Please verify the financial account information with your financial institution before completing this section.

1. Mark the corresponding box to indicate whether you want your payment deposited into your personal account.
2. Enter the name of the financial institution.
3. Enter the city and state where the financial institution is located.
4. Enter the telephone number of the financial institution.
5. Indicate the type of account.
6. Enter the routing number for *electronic transfers*. This may be different from the routing number for the branch bank where the account is held.
7. Enter the account number to receive the payment.

■ Part E – Member Statement and Signature

1. Indicate your marital status.
2. Read and understand the statement, then sign and date the form. This form cannot be signed until at least 31 days after your last day on the payroll, indicated on Part B, #8. Your signature must be notarized.

Important: By signing this application, you irrevocably forfeit all service credit and any right to disability, retirement and any other benefits you may be entitled to receive as a member of the Retirement System. This includes any benefits you are currently receiving or could be receiving in the future. A leave of absence not exceeding one year, military service or a total disability is not considered an end in employment or a break in continuous employment, unless you resign following that leave, service or disability.

If you recently left employment, your withdrawal application cannot be processed until the Retirement System receives the proper report and remittance from your former employer. The contributions reported by your employer in Part B, #6 are your *current year* contributions only. All previous year contributions have already been reported to our office and will be included in this lump-sum distribution.

■ Part F – Spousal Consent for Withdrawal of Vested Member's Contributions

Note: Kansas law recognizes a spouse's financial interest in a *vested* member's decision to withdraw Retirement System contributions by requiring the member's spouse to consent to the withdrawal.

When a Retirement System member is vested, it means that the member is guaranteed retirement benefits upon reaching the statutory retirement age. In nearly all cases, the vested benefit is more valuable over time than the amount of the actual contributions. The decision to withdraw contributions once a member is vested could affect his or her financial future, especially if the member has many years of public service and accumulated contributions. If you haven't already, take this opportunity to discuss your financial situation and retirement plans with your spouse.

1. Spouse prints his or her name.
2. Spouse should read and understand the statement.
3. Spouse signs and dates the form to attest that he or she is the spouse of the previously-named vested member and understands and agrees with the member's decision to withdraw contributions. Spouse's signature must be notarized.