



KPERS-13 Rev. 9/09

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
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Part A – Member Information

- 1. Social Security Number: _____ - _____ - _____
- 2. Name (First, MI, Last): _____
- 3. Withdrawing From (mark all that apply): KPERS KP&F Judges
- 4. Telephone Number: (____) _____
- 5. Mailing Address: _____
- 6. 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.

- 1. Employer Number: _____
- 2. Employer: _____
- 3. I certify that upon ending employment, I have given the named member information about continuing life insurance.
 Yes No

4. Dept. # (locals only)	5. Cont. type R=regular D=double T=triple	6. Year certified	7. Member’s contributions (since last annual report)	8. Begin date (MM DD YY)	9. End date* (MM DD YY)
---	---	-----	\$_____.	___/___/___	___/___/___
---	---	-----	\$_____.	___/___/___	___/___/___
---	---	-----	\$_____.	___/___/___	___/___/___

*Schools must report end date of last contract for continuing contract personnel.

School Employers Only:

Classified staff members cannot withdraw until all compensation is paid. Provide the following for all classified staff:

- 10. Position at Withdrawal: _____
- 11. Contract End Date: ___/___/___
- 12. Is this member paid in 9, 10, or 12 monthly installments? 9 10 12
- 13. If paid in 12 monthly installments, are the summer checks paid in June with a lump sum? Yes No
- 14. How many monthly installments was the employee paid in the previous school year? 9 10 12
- 15. Is this a licensed position as defined by the state department of education? 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.

1. Pay the entire *taxable* amount to me. *Advance to Nontaxable Amount section.*
2. Pay the entire *taxable* amount to a qualified defined contribution plan, traditional IRA or Roth IRA. *Advance to #4.*
3. 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*

Check payable to: _____ Check mailed to: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Account Number: _____ Percentage to Be Rolled Over: _____ %
Select Plan Type: Traditional IRA Roth IRA Qualified defined contribution plan

b. *Rollover Plan #2*

Check payable to: _____ Check mailed to: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Account Number: _____ Percentage to Be Rolled Over: _____ %
Select Plan Type: Traditional IRA Roth IRA Qualified defined contribution plan

c. *Rollover Plan #3*

Check payable to: _____ Check mailed to: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Account Number: _____ Percentage to Be Rolled Over: _____ %
Select Plan Type: Traditional IRA Roth IRA Qualified defined contribution plan

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*

Check payable to: _____ Check mailed to: _____
Mailing Address: _____ Mailing Address: _____
City, State, Zip: _____ City, State, Zip: _____
Account Number: _____
Select Plan Type: Traditional IRA Roth IRA 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, #9, 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)

Application Instructions

■ Part A – Member Information

Important: You must be off 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 you move to a non-covered position with the same employer. Interest is credited annually on June 30. If you withdraw before June 30, you will not receive the 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 the plan(s) you are withdrawing from. If you are withdrawing from more than one plan (for example, KPERS and KP&F), submit **two** applications if you are choosing **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. Indicate if the employee was given life insurance conversion and portability forms and information.
4. Enter the department number used when reporting this member's contributions on the annual report.
5. Enter type of contributions. Report additional service purchase (buyback) contributions on a separate line.
6. Enter the annual report year being certified.
7. 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.
8. Enter the begin date for the contributions reported, if the member began contributing since your last annual report.
9. Enter the end date for contributions reported.

Important: The end date is the date 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, and these personnel cannot withdraw until 31 days after the contract end date. 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.

School Employers: Complete #10-#15 for all classified school members.

10. Enter the member's final position when he or she elected to withdraw contributions.
11. Enter the member's contract end date which must follow the 12-month payroll cycle.
12. Mark the corresponding box to indicate the number of monthly installments the member received.
13. If the member received 12 monthly installments, indicate whether the member received a single lump sum for summer pay.
14. Mark the corresponding box to indicate the number of monthly installments the member received in the previous year.
15. Indicate whether the member's position is considered "licensed" by the department of education.
16. 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.
17. 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: Your contributions can be paid directly to you or rolled over to an eligible retirement plan. Read the "Tax Information Regarding Plan Payments" section *before* completing Part C. 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 taken out of the plan.

You may be eligible to establish a Roth IRA to receive a direct rollover. You are responsible for determining if 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 **taxable** and will be subject to federal income tax. KPERS does not withhold federal income tax for a rollover to a Roth IRA. We will send you a 1099-R tax form the following January for your federal income tax return.

Application Instructions (cont.)

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.
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, mailing address, account number and plan type of each rollover plan. If different, provide address where the check should be mailed. Verify with your financial institution or plan *exactly* how the 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 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. If different, provide address where the check should be mailed. 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. 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, #9. 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 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. Often, if a member has a significant amount of service, the vested benefit is more valuable 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.