

INSTRUCTIONS: Use this form to apply for a one-time, lump-sum payment of your member contributions plus interest if you are a member of a defined benefit plan (Coordinated, Correctional, or Police & Fire) or the Public Employees Defined Contribution Plan (Public Employees DCP).

Submit this form on or after the date you end public employment.

1. **Complete in blue or black ink.** If your application is incomplete, your request will be delayed or canceled.
2. **Sign the application in the presence of a notary.** Only applications with original ink signatures will be accepted.
3. **Mail or drop off your application at our office.** Copied, faxed, or emailed applications will not be accepted.

Minnesota PERA
60 Empire Drive, Suite 200
Saint Paul, MN 55103-2088

PART A: YOUR INFORMATION

CHOOSE WHICH PLAN(S) TO REFUND. IF YOU DO NOT CHECK ANY BOXES, ALL PLANS WILL BE REFUNDED.					
Coordinated Plan	Correctional Plan	Police & Fire Plan	Public Employees DCP	All PERA Plans	
LAST NAME		FIRST NAME & MIDDLE INITIAL			PERA ID NUMBER
STREET ADDRESS		APT/UNIT	CITY	STATE	ZIP CODE
LAST FOUR OF SSN	BIRTH DATE—MM/DD/YYYY	PRIMARY PHONE NUMBER		PERSONAL EMAIL ADDRESS	

DIVORCED: If you divorced while working for a PERA-covered employer, submit a copy of your divorce decree with the Refund Application.

PART B: REFUND OR ROLLOVER OPTIONS

Choose one option below to receive your total member contributions plus interest. All payments will be mailed to you at the address provided in part A. The IRS requires you to deposit rollover checks within 60 days of the date the check was issued. If you do not choose an option below, PERA will refund you the total amount and withhold taxes. Refer to *Applying for a Refund* for more information.

REFUND: You will receive the total amount with taxes withheld. The refund check will be payable to you.

ROLLOVER: You will receive the total amount without taxes. The rollover check will be payable to your tax-qualified plan or IRA.

NAME OF COMPANY RECEIVING ROLLOVER (E.G., VANGUARD, FIDELITY, ETC.)	CHECK IF APPLICABLE This is a Roth account, which will be listed on your 1099-R.
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SPLIT REFUND/ROLLOVER: You will receive a portion of the total amount as a refund check payable to you with taxes withheld, and the rest of the total amount as a rollover check payable to your chosen tax-qualified plan or IRA without taxes. If you do not list a tax-qualified plan or IRA, PERA will refund you the total amount and withhold taxes.

AMOUNT PAID TO YOU (WHOLE DOLLARS) \$	NAME OF COMPANY RECEIVING REMAINDER	CHECK IF APPLICABLE This is a Roth account, which will be listed on your 1099-R.
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PART C: TO BE COMPLETED BY YOUR EMPLOYER

Provide the information below or in ERIS to verify this employee terminated all public employment with this governmental unit.

UNIT NO. (6 DIGITS)	EMPLOYER NAME	TERMINATION DATE	EMPLOYER REPRESENTATIVE SIGNATURE
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PART D: TAX WITHHOLDING

Your benefit is subject to federal and state taxes (based on your residency). PERA can withhold state taxes for Minnesota residents. If you are not a Minnesota resident, contact your state for tax requirements.

If you do not submit tax forms with your application, PERA will withhold the default tax amounts. To withhold a different amount,

- Submit Form W-4R to adjust your federal tax withholding.
- Submit Form W-4MNP to adjust your Minnesota state tax withholding.

Choose your tax options below:

Federal Taxes (choose one)

Withhold the default amount (20%).

Complete Form W-4R.

State Taxes (choose one)

Withhold the default amount (6.25%—Minnesota residents only).

Complete Form W-4MNP (Minnesota residents only).

Do not withhold taxes (not a Minnesota resident).

PART E : YOUR NOTARIZED SIGNATURE

By signing, you agree that:

1. a refund results in the loss of all service credit and rights to PERA benefits,
2. PERA cannot send refund payments during the first 30 days after you end public employment,
3. by law, PERA has up to 120 days after receiving this application to process your refund, and
4. you received the *Tax Notice About Your Rollover Options* in the last 180 days and waive the required time period to review this notice.

APPLICANT SIGNATURE

PRINTED NAME OF APPLICANT

NOTARY PUBLIC SIGNATURE

TITLE/RANK

SIGNED AND ACKNOWLEDGED ON

COMMISSION EXPIRES ON

COUNTY AND STATE SIGNATURE WAS ACKNOWLEDGED

NOTARY SEAL REQUIRED

IMPORTANT INFORMATION

TAX NOTICE ABOUT YOUR ROLLOVER OPTIONS: According to § 402(f) of the Internal Revenue Code (IRC), PERA must provide certain information when you request an eligible rollover distribution. Refer to *Tax Notice About Your Rollover Options* to learn more. The IRC requires that you receive the notice 30–180 days before requesting a payment.

DATA PRIVACY NOTICE: PERA is asking for private data to process your request. You are not legally required to provide private data to PERA and can refuse to provide some or all of the information requested. However, PERA may be unable to process your request without sufficient information. Access to this information is limited to the PERA staff who process your request and to the legislative auditor, unless you consent to further release of your private data. Your private data may also be released if required or authorized by state or federal law or by a court order.

DISCLAIMER: This form provides general information for educational purposes and should not be construed as legal or financial advice. The statutes, rules, and regulations governing PERA may change at any time. If there is a discrepancy between the law and this form or any information you receive orally, the law will govern.