

REFUND APPLICATION (Defined Benefit Plan)

WHEN COMPLETED Tribal Government Retirement System c/o TGRS-MERS
RETURN TO: 1134 Municipal Way
 Lansing, MI 48917
 Phone: (877) 641-8477 • Fax: (517) 703-9706

Note: TGRS-MERS cannot process a refund application until it has received all final contributions and there has been at least a 30 day break in membership.

Member Name (Last, First, Middle)	Social Security No. (last 4 digits only) -	Date of Birth (MM/DD/YY)	Daytime Phone No.
Street Address (home address, include PO Box if applicable)	City, State, Zip Code		Email address
Tribe Name	Department	Tribal Code	Date of Separation

WAIVER OF 30-DAY NOTICE REQUIREMENT

A refund of employee contributions is an “eligible rollover distribution” under the Internal Revenue Code. Pursuant to Code § 402(f), TGRS-MERS cannot pay your refund until 30 days after you have completed and returned this form, and acknowledged receipt of the TGRS-MERS Safe Harbor Explanation, which describes your rollover options and their tax consequences. IRS allows you to waive the 30 day period if, after reviewing the TGRS-MERS Safe Harbor Explanation, you decide that you want the distribution made as soon as possible. If you wish to waive the 30 day waiting period, confirm that choice by reading and checking the following box:

- I acknowledge receipt of TGRS-MERS Safe Harbor Explanation. I have reviewed the TGRS-MERS Safe Harbor Explanation and understand that I am entitled to not less than 30 days from the date the TGRS-MERS Safe Harbor Explanation was provided to me to decide whether to rollover my distribution. I hereby waive the 30 day period, and direct TGRS-MERS to make the distribution choice that I have elected in this Refund Application as soon as possible. Notwithstanding this waiver, until TGRS-MERS actually implements my election, I reserve the opportunity to reconsider my decision. [Note: If you do not check this box, TGRS-MERS will wait 30 days before processing your refund.]

FORFEITURE OF CREDITED SERVICE

A refund forfeits the credited service for which the contributions were made. Depending on whether you are vested, and the amount of service lost, the refund may cause you to give up your right to future monthly benefits. Please read carefully and check the appropriate box:

- Do not process my refund application. Please provide me with a benefit estimate that shows my total service. If I am vested and qualify for deferred benefits, send me an application for deferred service status.
- Process my refund application as requested. **I understand that I am forfeiting the credited service for which the contributions were made, and that no TGRS-MERS benefit will be payable to me or any beneficiary based on that service.**

INCOME TAX WITHHOLDING

A refund of contributions may include an amount previously not included in taxable income. The taxable portion is the sum of pre-tax contributions plus interest on all contributions. If the refund is paid to you, TGRS-MERS must withhold 20% of the taxable amount for federal income taxes. However, if you do a direct rollover, you will not be taxed in the current year, and there is no withholding. You can roll over all or part of the payment to either an IRA or an employer plan (a tax-qualified section 401(a) plan, section 403(b) plan, or governmental section 457(b) deferred compensation plan) that will accept the rollover. If the refund is paid to you, you can still do a rollover if within 60 days after receiving the payment you deposit the full distribution amount into an IRA or eligible employer plan (this will require you to use other funds to make up the 20% withheld). Special rules apply for rollovers to Roth IRAs. For a complete description of your rollover options and their tax consequences, see TGRS-MERS Safe Harbor Explanation.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact TGRS-MERS at 1-877-641-8477 to request special accommodations.

EARLY DISTRIBUTION PENALTY

In addition to the 20% income tax withholding described above, § 72(t) of the Code imposes a 10% penalty on early distributions (unless an exception applies). If you are under age 59½ and do not do a direct rollover, TGRS-MERS is required to withhold the 10% additional income tax unless your distribution falls under one of the following exceptions: (read carefully and check any that apply)

- | | |
|--|--|
| <input type="checkbox"/> Payments made after you separate from service if you will be at least age 55 in the year of the separation | <input type="checkbox"/> Corrective distributions of contributions that exceed tax law limitations |
| <input type="checkbox"/> Payments made after you separate from service if you are a public safety employee and you are at least age 50 in the year of separation | <input type="checkbox"/> Payments made directly to the government to satisfy a federal tax levy |
| <input type="checkbox"/> Payments made due to disability | <input type="checkbox"/> Payments made under an Eligible Domestic Relations Order |
| | <input type="checkbox"/> Payments made up to the amount of your deductible medical expenses |

ROLLOVER ELECTION

Please check one of the following boxes:

- Pay the refund to me and withhold any of the applicable income taxes described above.
- Pay the taxable portion of the refund to the custodian or trustee designated below by direct rollover. Pay the non-taxable portion to me.
- Pay \$ _____ of the taxable portion to the custodian or trustee designated below by direct rollover. Pay the remainder of the refund (taxable and non-taxable, if any) to me and withhold any of the applicable income taxes described above.
- Pay the entire refund (both taxable and non-taxable portions) directly to the custodian or trustee designated below by direct rollover. My non-taxable portion, if accepted by the custodian or trustee, shall be placed in an after-tax account, separately and apart from the taxable portion.

If you have elected to have the refund, or any portion of the refund, paid to you (not rolled over), how do you want TGRS-MER to issue payment?

Electronic Funds Transfer

Name of Financial Institution: _____

Account No. _____ Type of Account: Savings *or* Checking

9-Digit Routing Transit No. _ _ _ _ _

Check (made out to you)

By signing this application, I affirm that I have reviewed TGRS-MERS Safe Harbor Explanation. I understand my rollover options and their tax consequences, and knowingly and voluntarily elect the above distribution.

Signature	Date	Witness Signature (required)	Date
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Signature of Spouse (required if married)

_____ **Date:** _____

By my signature, I affirm that I have reviewed TGRS-MERS Safe Harbor Explanation and agree with my spouse's choice of distribution. I understand that the refund will result in the forfeiture of credited service for which no TGRS-MERS benefit will be payable.

AGREEMENT OF IRA OR EMPLOYER PLAN TO ACCEPT ROLLOVER

(To be completed by the trustee or administrator of the IRA or employer plan only if option 2, 3 or 4 above is selected)

In accordance with the above authorization, we agree to deposit the forthcoming rollover amount from TGRS-MERS into the following account:

Account No.	Type of Account <input type="checkbox"/> 401(a) <input type="checkbox"/> 403(a) <input type="checkbox"/> 403(b) <input type="checkbox"/> 408(a) <input type="checkbox"/> 408(b) <input type="checkbox"/> 408A <input type="checkbox"/> 457		
Name of IRA or Employer Plan (make check payable to)	Federal Identification No.		
Custodian, Trustee or Plan Administrator	Phone No.		
Address			
City	State	Zip Code	
Signature of Custodian, Trustee, or Plan Administrator	Date		