

ARKANSAS LOCAL POLICE AND FIRE RETIREMENT SYSTEM REFUND APPLICATION

I, _____, whose social security number is _____,
(Print Full Name) (Last 4 Digits Only)

and employee classification was _____, left employment of _____,
(Police/Fire) (Name of City)

on _____ 20_____, and last received wages from this employer _____,
(Date) (Month/Year)

request a refund of member contributions assigned to my member account with the Arkansas Local Police & Fire Retirement System (LOPFI). My active membership in LOPFI has ceased and I understand that with this refund, all paid service credit is forfeited. I also certify that I am neither going to employment, nor am I currently employed in a position that is covered by the Arkansas Public Employees Retirement System, Arkansas State Police Retirement System, Arkansas Teacher Retirement System, Arkansas Judicial Retirement System, Arkansas Highway Employees Retirement System, or an alternate retirement plan as authorized by Arkansas code, as amended. I hereby certify that all information on this form is true and correct.

Member Completes

(Signature of Former Member) (Date)

Would you like your address changed to the one listed below if it does not agree with the address in our records? YES NO

Please send refund to:

(Print Full Name)

(Number & Street)

(City) (State) (Zip)

REFUNDS ARE ISSUED ON THE 1ST BUSINESS DAY OF A MONTH. IF YOU HAD WAGES IN THE MONTH YOU TERMINATED, YOUR REFUND WILL BE PAID APPROXIMATELY 60 TO 90 DAYS FROM DATE OF TERMINATION.

Employer Completes

I certify that _____ officially terminated employment
(Full Name of Former Employee)

with _____ on _____ 20____ and after that date
(Name of LOPFI covered Employer) (Date)

no longer appeared on any employer record as an employee.

(Signature of Employer Representative)

(Date)

FEDERAL INCOME TAX INFORMATION

Pursuant to Internal Revenue Service regulations, LOPFI is required to withhold federal income tax on interest distributions which are greater than \$200, unless these monies are rolled into an IRA or another qualified plan. If your distribution exceeds \$200, LOPFI will send you additional information. You are liable for payment of federal income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Questions regarding tax implications must be directed to your tax advisor or the Internal Revenue Service.

Send completed original to: LOPFI
620 W. 3rd, Suite 200
Little Rock, AR 72201-2223