



APPLICATION FOR REFUND OF CONTRIBUTIONS - GDCP

1. Please print or type clearly.
2. Send this form to your Payroll Department. **Do not send to Georgia Defined Contribution Plan (GDCP).**
3. If the taxable portion (interest earned) of your refund is *less* than \$200.00, GDCP will withhold federal income tax. Typically the rate is 30%, or if you are over 59 1/2 , the withholding rate is 20%.
4. If the taxable portion (interest earned) of your refund is *more* than \$200.00, GDCP is required to withhold federal income tax unless you directly roll over the taxable portion to another eligible retirement plan. You will be notified by GDCP if this applies to you.
5. Refunds include accumulated employee contributions and credited interest earnings (if any).
6. **Upon receipt of refund application in this office, please allow 8 weeks for processing.**

SECTION 1 - MEMBER INFORMATION

Name: _____ SSN:
(Last) (First) (MI) (Maiden)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: ____/____/____ E-mail : _____ Daytime Phone No: (____) _____
(mm) (dd) (yyyy)

State Agency/Department/School System/Unit of the Board of Regents in which you were employed: _____

SECTION 2 - MEMBER SIGNATURE

I understand that by receiving this refund I waive all rights to benefits accrued from this system.

Member Signature: _____ Date: _____

SECTION 3 - PERSONNEL/PAYROLL USE ONLY

Please provide the following dates for the above mentioned employee (if applicable).

Termination Date: ____/____/____ Last Payroll Deduction: ____/____/____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Salary: \$ _____ Contributions: \$ _____ for ____/____
(mm) (yyyy)

I certify that this employee has terminated employment, and that the total salary and contributions listed above are for the month of termination.

Payroll Officer Signature: _____ Date: ____/____/____
(mm) (dd) (yyyy)

Agency #: _____

Telephone #: (____) - _____ Email Address: _____