

## ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM REQUEST FOR REFUND OF ACCUMULATED CONTRIBUTIONS

To the Board of Trustees  
Arkansas State Highway Employees' Retirement System  
Little Rock, Arkansas

Date \_\_\_\_\_

Employee's Full Name \_\_\_\_\_ Employee ID No. \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Mailing Address \_\_\_\_\_  
(Street or RFD) (City) (State) (Zip Code)

( ) \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security No. \_\_\_\_\_ Last Date of Employment \_\_\_\_\_ District or Division \_\_\_\_\_

### STATEMENT OF MEMBER

I understand that if the interest and pre-tax contributions are not transferred directly to a qualified retirement plan or traditional IRA, it is taxable income to me in the year it is refunded and federal and state penalties for early withdrawal may apply. In addition, ASHERS is required by law to withhold federal income tax of twenty percent (20%) on interest distributions and pre-tax contributions of \$200 or more which are not transferred to a qualified retirement plan or traditional IRA.

**\*NOTE: FULL-TIME REGULAR EMPLOYEES WITHDRAWING CONTRIBUTIONS FROM THE SYSTEM CANNOT BE REHIRED FOR TWELVE (12) MONTHS AFTER WITHDRAWAL.\***

**Select one of the following for the distribution of the interest and Pretax contributions:**

1. Please *transfer* the interest and pre-tax contributions to my qualified retirement plan

\_\_\_\_\_  
(Name and address of Institution)

\_\_\_\_\_  
(Plan Type – Traditional IRA, 401k, etc and Account Number)

2. Please *refund* the interest and pre-tax contributions directly to me.

Send check to address above.

Direct Deposit the funds – **MUST ATTACH A VOIDED CHECK**

**FORM MUST BE NOTARIZED BELOW**

By signing below, I request my accumulated contributions to the Retirement System be refunded as provided for in Act 454 of 1949.

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

(SEAL)

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

Member's Signature \_\_\_\_\_

*(to be signed in front of notary)*

**DO NOT WRITE BELOW THIS LINE**

	Date	Interest	EMPLOYEE CONTRIBUTIONS			DEDUCTIONS		Net Amount
			Prior & Military	Post Current	Pre-Current	Direct Transfer	W/H Tax	
Payroll								

Voucher No. \_\_\_\_\_ Prepared By \_\_\_\_\_ Verified By \_\_\_\_\_ Approved \_\_\_\_\_