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| **Request For Refund Of Accumulated Contributions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the Board of Trustees  Arkansas State Highway Employees’ Retirement System  Little Rock, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | |  | | | | | | | | | | | | | | |
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| Employee’s  Full Name | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | Employee ID No. | | | | | | | | |  | | | | | | |
|  | | | | | | (Last) | | | | | | | | | | | | (First) | | | | | | | | | | | | (Middle) | | | | | | | | |  | | | | | | | | |  | | | | | | |
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| Permanent Mailing Address | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | | (Street or RFD) | | | | | | | | | | | | | | | | | (City) | | | | | | | | | | | | | | | | (State) | | | | | (Zip Code) | | | |
|  | (     ) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Phone | | | | |  | | | | | | | | | | | | | | | | | E-mail | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Social  Security No. | | | | | | | |  | | | | | | Last Date of  Employment | | | | | | | | |  | | | | | District or  Division | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***\*NOTE: FULL-TIME REGULAR EMPLOYEES WITHDRAWING CONTRIBUTIONS FROM THE SYSTEM CANNOT BE REHIRED FOR TWELVE (12) MONTHS AFTER WITHDRAWAL.\**** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Select one of the following for the distribution of the interest and Pretax contributions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 1. Please *transfer* the interest and pre-tax contributions to my qualified retirement plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | (Name and address of Institution) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | (Plan Type – Traditional IRA, 401k, etc and Account Number) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By withdrawing my contributions, I understand I forfeit all retirement benefits and credited service with ASHERS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Subscribed and sworn to before me on this | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_ day of | | | | | |  | | | | | | | | | | | | | | | | | | | | | , |  | | | | | | | . |
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|  | | | | | | | | | | (SEAL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | |  | | | | | | | | | My commission expires | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | | ***(to be signed in front of notary)*** | | | | | | | | | | | | | | | | | | | |
| **DO NOT WRITE BELOW THIS LINE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | |  | | | | | |  | | | | | EMPLOYEE CONTRIBUTIONS | | | | | | | | | | | | | | | | | | | | DEDUCTIONS | | | | | | | | | | | | |  | | | | | |
|  | | | | | Date | | | | | | Interest | | | | | Prior & Military | | | | Post Current | | | | | | | Pre-Current | | | | | | | | | Direct Transfer | | | | | W/H Tax | | | | | | | | Net Amount | | | | | |
| Payroll | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | |  | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |
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| Voucher No. | | | | | | |  | | | | | Prepared By | | | | |  | | | | | | | | | Verified By | | | | |  | | | | | | | | | | | Approved | | | | | | | |  | | | | |