

This form allows you to notify OPERS of your intent to withdraw your accumulated employee contributions after you terminate employment with an OPERS-participating employer. This form does not initiate the disbursement of your accumulated contributions. A separate *Designation of Withdrawal Distribution* packet will be mailed to you to select the method of distribution should you choose to go forward with the withdrawal. Please type or print the information requested and return to OPERS.

In order to send you important withdrawal and tax information, you must advise OPERS in writing of any address changes.

## PART 1 – MEMBER INFORMATION & SIGNATURE

A member who has eight years of credited service at the date of termination may elect a vested benefit in lieu of withdrawing the member's share of accumulated contributions. Such a member will receive a retirement benefit estimate and a form entitled *Selection of Vested Benefit or Withdrawal* after OPERS receives this form. At that time the member will choose between electing a vested benefit and withdrawing the member's accumulated contributions. Members who are terminating employment and electing a vested benefit must make certain elections regarding their group insurance coverage. These elections must be made within 30 days of termination and can affect the members' eligibility for any premium contribution made by OPERS. For information on your eligibility to retain insurance coverage, you must immediately contact the Employees Group Insurance Division of the Office of Management and Enterprise Services.

I understand that by withdrawing my accumulated contributions, I forfeit the right to elect a vested benefit. I also understand that I am forfeiting any monthly payment the Retirement System would have made toward my health insurance coverage at retirement.

I understand that a leave of absence not exceeding one year, military service, or total disability does not constitute a termination of employment or a break in continuous employment unless I withdraw my contributions.

I understand that by withdrawing my contributions my beneficiary designation is nullified, and that if I return to work for an OPERS participating employer I must submit a new *Beneficiary Designation* form.

I understand that service withdrawn more than once is not eligible for repayment.

I have not been employed by any employer participating in this Retirement System since my termination date. Should I return to employment with any participating employer, I agree to notify the Retirement System and further understand that such re-employment will render this application null and void, and I will be required to pay back the full amount of any ineligible withdrawal payment.

In accordance with the provisions of Title 74 O.S. §§ 902-942, I hereby apply for the withdrawal of my accumulated contributions. I understand that a warrant will be forwarded to me in the month following the month in which the required four month waiting period has elapsed and the completed *Form A - Designation of Withdrawal Distribution* and *Selection of Vested Benefit or Withdrawal* form, if required, has been received by OPERS. **Payment can be expected during the fifth month following termination if all appropriate paperwork is on time and in order.**

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Name (First, Middle, Last) Social Security number

\_\_\_\_\_

Mailing address (Street or P.O. Box, City, State, Zip+4)

\_\_\_\_\_

Date of birth Daytime phone number Employer name

\_\_\_\_\_

Member's signature Date

## PART 2 – EMPLOYER CERTIFICATION

I certify the following information for the member requesting to withdraw their accumulated contributions in Part 1.

\_\_\_\_\_

Last date on regular payroll Termination date Hours of unused sick leave Employer Number

\_\_\_\_\_

Retirement Coordinator's signature Date