

Request for Refund and/or Rollover (Active Member)

Member to mail completed form to address below

Print or type with black or blue ink only.

Mail the original document – copies, faxes, emails, and/or forms with white-out will be rejected.

MEMBER INFORMA	TION						
Name (First, Middle, Last)			Last 4 digits of SSN XXX–XX– Email address		Gender M F		
Mailing address							
City		State	Zip		Phone		
Date of birth (mm/dd/yyyy)	Marital status Never Married	Married Marr	ied, previously o	divorced*	Divorced*	Wid	dowed**
* Failure to submit a court refund. See Instructions of	endorsed copy of your n page 3.	divorce decree(s)	may cause a de	lay in the pi	rocessing of	our/	
** If widowed, a death cer	tificate is required.						
	l-day waiting period an ocessed as soon as ad 3.				•	ղuest. Տ	See
Distribution Instruction I elect (check <u>one</u>):	(direct deposit not ava	ilable)					
100% of my contributi withheld from the tax age is under 59½ at th 100% rollover of all m	able portion of this dis e time of refund. If cho y pre-tax contributions	tribution. I may al ecking this section s plus interest will	so be subject to , do not comple	an additior ete the Qual	nal 10% pena ified Plan se	alty tax ction o	if my n page 2
Any monies not design I elect a partial rollove qualified plan or IRA li tax will not be withhel is subject to 20% fede honored.	r of my pre-tax contril sted on page 2. Any m d from the portion of	outions andonies not designa the distribution th	ted for rollover at is rolled over	will be mailer and the am	ed to me. Fe nount made	deral ir payable	ncome
EMPLOYER CERTIFICE This is to certify that the a			with	vithin the la		this rea	quest)
on ar Date (mm/dd/yyyy)	nd that final earnings w	vill be reported on		-	ng Date (n month from t		
	>	(
Authorized by (please pr	int name)	Signature			Date	(mm/d	d/yyyy)

Phone: (505) 827-8030 or toll-free 1 (866) 691-2345



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QUALIFIED PLAN IRA Eligible Qualified F	Plan *Roth plans are no	t permitted.
Name of financial institution (max 30 characters)		
Mailing address		
City State	Zip	Phone
Account number (checking or savings account not permitted)		
MEMBER AUTHORIZATION:		
I am a vested member, with five or more years of service credit, benefit from the ERB. I elect to withdraw my benefit in the f		
I do not have five or more years of service credit with ERB ar	nd I elect to receive my n	, ,
interest in the form of a refund and/or rollover as stated on	pg 1.	
Member's signature		d/\qqq)
Welliber 3 signature	Date (IIIII) u	u/ y y y y y)
SPOUSAL CONSENT		
Required if you have 5 or more years of service credit and are r Notary Public or Notarial Officer.	married. Please have your	spouse sign in the presence of a
Spouse I hereby certify that I am the spouse of the above-named Mem rollover made herein.	nber, and that I freely cons	sent to the request for refund and/or
V		
Spouse's signature	Date (mm/d	ld/yyyy)
State of County of		
Signed or attested before me onby _ Date (mm/dd/yyyy)	(Name of Sp	ouse)
[stamp]		
	X Signature of Notarial Off	icer
	Title of Office:	
	My commission expires	5: