



Request for Refund and/or Rollover (Active Member)

Member to mail completed form to address below

QUALIFIED PLAN

IRA Eligible Qualified Plan **Roth plans are not 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, and understand that I am entitled to a lifetime benefit from the ERB. I elect to withdraw my benefit in the form of a refund and/or rollover as stated on pg 1.

I do not have five or more years of service credit with ERB and I elect to receive my member contributions plus interest in the form of a refund and/or rollover as stated on pg 1.



X

Member's signature

Date (mm/dd/yyyy)

SPOUSAL CONSENT

Required if you have 5 or more years of service credit and are married. Please have your spouse sign in the presence of a Notary Public or Notarial Officer.

Spouse

I hereby certify that I am the spouse of the above-named Member, and that I freely consent to the request for refund and/or rollover made herein.



X

Spouse's signature

Date (mm/dd/yyyy)

State of _____ County of _____

Signed or attested before me on _____ by _____
Date (mm/dd/yyyy) (Name of Spouse)

[stamp]

X

Signature of Notarial Officer

Title of Office: _____

My commission expires: _____