

PART I - GENERAL INFORMATION AND APPLICATION

AGENCY INSTRUCTION:

If the member has been terminated for one year or less, complete the "Agency Use Only" section. Please remember: This application should only be completed for a terminated member who is eligible for a retirement benefit under SERS Tier I or Tier IIA vested rights provisions. Form CO-898, "Application for Retirement Benefit" should be completed and submitted to this Division to retain the member's rights to a vested rights retirement benefit.

APPLICANT

NAME (Last)	NAME (First)	M.I.	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER
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ADDRESS (Street No., Name, City, State, Zip Code)

LAST EMPLOYING AGENCY	ADDRESS (Street No., Name, City, State, Zip Code)
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Do you have a Pension Division Order ("QDRO") as a result of divorce/legal separation? Yes/No _____
 If yes, has the order been submitted to and accepted by the Retirement Services Division? Yes/No _____

I am voluntarily applying for a refund of all contributions I have paid into the SERS Tier I or Tier IIA hazardous duty retirement plan in excess of those required for Tier I or Tier IIA non-hazardous duty retirement plan membership. I understand that once this refund is made I will no longer be entitled to any benefits under the hazardous duty or disability provisions of SERS for this period of service. Further, should I return to a position in state service designated as hazardous duty, I will need to return these contributions and interest, along with the appropriate statutory interest, in order to restore my hazardous duty retirement credit for this period of service.

SIGNATURE OF APPLICANT	DATE	TELEPHONE NUMBER
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NOTARY CERTIFICATION

I hereby certify and affirm this Application was signed by the person whose signature appears above. **SEAL HERE**

Signed and sworn before me this _____ day of _____, _____.

Signature of Notary Public: _____

Printed Name of Notary Public: _____

State: _____ Town: _____ My commission expires _____

AGENCY USE ONLY

CORE-CT DEPT. ID	OFFICIAL TERMINATION DATE	LAST CHECK DATE
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SIGNATURE (Payroll Supervisor or designated official)	TITLE	DATE	TELEPHONE NUMBER
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RETIREMENT SERVICES DIVISION USE ONLY

PROCESSED BY	DATE	LIST NUMBER
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Please refer questions regarding this application or refund to: Retirement Services Division, Data Base Unit at 860-702-3517.

PART I - GENERAL INFORMATION AND APPLICATION (continued)

Completion of this application is required for members of the Connecticut State Employee Retirement System (SERS) Tier I or Tier IIA retirement plan who: (1) have terminated state service, (2) contributed to SERS as a member of the Tier I or Tier IIA hazardous duty retirement plan, (3) do not meet the service requirements for retirement under SERS Tier I or Tier IIA hazardous duty provisions, and (4) are eligible for a retirement benefit under the Tier I or Tier IIA vested rights provisions of SERS. There are three parts to this Application for Refund of Contributions:

- I General Information and Application**
- II Income Tax Withholding ("Safe Harbor") Explanation**
- III Election Form**

The Application and Election Form must be filled out, witnessed and returned to the Retirement Services Division. Under SERS Tier I retirement plan provisions, members who have completed at least ten years of service and were continuously employed by the State for the last five years, without a severance of a year or more, are eligible for a vested rights retirement benefit. Under SERS Tier IIA provisions, members who have completed at least five years of actual state service or ten years of vesting service are eligible for a vested rights retirement benefit. The applicant should submit a completed Form CO-898, "Application for Retirement Benefit" to this Division to retain their rights to a vested rights retirement benefit.

WAIVER OF RETIREMENT BENEFITS UPON RECEIPT OF REFUND

The contributions made under SERS hazardous duty membership would normally be refunded at the time of a member's receipt of a monthly non-hazardous duty, non-disability retirement benefit. These monies may be refunded prior to retirement following the Division's receipt of this completed Application and Election Form. A refund of SERS hazardous duty retirement plan contributions results in the forfeiture of hazardous duty and disability credited service for which those member contributions were made. By receiving a refund you are forfeiting all hazardous duty and disability service credit and are giving up all rights to any future benefits under the hazardous duty or disability provisions of the Tier I or Tier IIA retirement plan based upon those years of credited service. Your receipt of this refund discharges SERS from any liability for any portion of your retirement pension, annuity or other benefits based on this forfeited service.

IMPORTANT: UPON RECEIPT OF YOUR REFUND YOU WILL IRREVOCABLY RELINQUISH ANY HAZARDOUS DUTY OR DISABILITY RETIREMENT RELATED BENEFIT TO WHICH YOU MAY HAVE BEEN ENTITLED BY VIRTUE OF BEING A MEMBER OF THE STATE EMPLOYEES RETIREMENT SYSTEM TIER I OR IIA HAZARDOUS DUTY RETIREMENT PLAN

Please note that, under Internal Revenue Code Section 402(f), a refund cannot be paid until at least 30 days after the applicant has completed and returned the election form, acknowledging receipt of the "Safe Harbor Explanation" (describing distribution options and tax consequences).

APPLICANT INSTRUCTIONS:

1. Read all sections very carefully and complete the sections entitled "Applicant" and "Election Form".
2. Your signature must be witnessed by a notary public.
3. If you have been terminated for less than one year, forward this application to the agency where last employed. If you have been terminated for a year or more then forward the signed application to the Retirement Services Division at the below address. Please make and keep a copy for your records.

Retirement & Benefits Service Division
State of CT - Office of the State Comptroller
165 Capitol Avenue - 3rd Floor
Hartford, Connecticut 06106
ATTN: Data Base Unit

4. Your refund will include monies not previously reported to the Internal Revenue Service as taxable income. Your options for payment of these taxable monies are described in the application; payment method **A** or **B** must be checked in order to process your refund.
5. Your refund check will be issued approximately 45-60 days following receipt by this Division of the properly completed application form, as required, or from the date of your final paycheck, whichever is later.
6. To avoid delay in processing your refund, please notify this Division in writing of any address change that occurs after you submit this application.

PART II - INCOME TAX WITHHOLDING ("SAFE HARBOR") EXPLANATION

This notice contains important information you will need before you decide how to receive your lump sum withdrawal (refund) of member contributions and interest.

This notice is being provided to you because all or part of the payment that you will soon receive from the SERS **may** be eligible for rollover by you or the retirement system to a traditional IRA or an eligible employer plan. A rollover is a payment by you or the retirement system to another eligible employer plan or traditional IRA that allows you to continue to postpone taxation until a benefit is paid to you. An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code (IRC), including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a 403(a) annuity plan; a 403(b) tax-sheltered annuity; and an eligible 457(b) plan maintained by a governmental employer (governmental 457 plan). **After** December 31, 2007, your payment **can** be rolled over to a Roth IRA subject to the same limits that apply to rollovers from a traditional IRA to a Roth IRA.

An "eligible employer plan" is not legally required to accept a rollover. Before you decide to roll over your payment, determine whether the eligible employer plan accepts rollovers, the types of distributions it accepts as rollovers and documents required. Even if an eligible employer plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after tax amounts, you may wish instead to roll your distribution over to a traditional IRA. If an eligible employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or subject it to different tax treatment than distributions from the retirement system.

Summary of IRS Regulations on Periodic Distributions

This notice contains important information you will need before you decide how to receive your refund plus earned interest (referred to as a "distribution"). SERS contributions made before July 1, 1997 and payments made to purchase service have already been taxed and are therefore **non-taxable** when distributed from your account. SERS contributions since July 1, 1997 and total interest earned have been tax deferred and **are taxable** when distributed. The taxable balance is eligible for a "roll-over" and can be taken as a "Direct Refund" or as a "Direct Roll-Over". A rollover is a tax free transfer of an eligible distribution from one qualified employer retirement plan directly to another qualified plan or to an IRA.

If you choose a Direct Refund: Tax-deferred contributions and accumulated interest credited to your account are taxed upon withdrawal. The Internal Revenue Service (IRS) requires that the retirement system withhold 20% from your refund if you do not roll over the funds to a qualified retirement plan or IRA. You can roll over the distribution by reinvesting it as stated above within 60 days of receiving the distribution. The amount rolled over is not taxed until you take it out of the IRA or employer plan. You have up to 60 days to roll over the eligible portion of your distribution. If you elect not to roll over when the distribution was made and later (within the 60 days allotted) decide to roll over, *you must find other money to replace the 20% that was withheld*. In addition, the IRS imposes a special penalty tax on early distributions, such as lump sum distribution, received before the plan participant reaches age 59 1/2. This special penalty tax of 10% of the taxable portion is applied in **addition** to the regular income tax.

If you choose a Direct Roll-Over: The taxable balance of your contributions and interest are not taxed in the current year and no income tax is withheld. The taxable portion of your refund will be made payable to the IRA or qualified plan you identify on this refund application. This check will be mailed to your home address and it will be your responsibility to forward it to the institution you have chosen. Your refund will be taxable when you take it out of the IRA or qualified plan. Any non-taxable portion of your refund will be made payable to you. Please be advised that you must check with your financial institution or plan administrator before initiating a rollover to verify its acceptance and determine if such institution or plan limits the amount of money that may be rolled into your account.

How To Obtain Additional Tax Information

This notice summarizes certain federal (not state or local) tax rules that might apply to your refund. The rules described in this notice are complex and contain many conditions and exceptions that are not included in this notice. Therefore, you should consult with a professional tax advisor before you receive a distribution from the retirement system. Also, you can find more specific information on the tax treatment of payments from qualified retirement plans in IRS Publication 575, Pension and Annuity Income, IRS Publication 590, Individual Retirement Arrangements, IRS Notice 2007-7 and IRS Form 4972, Tax on Lump Sum Distributions. These publications are available online at www.irs.gov or from your local IRS office. You may also request forms and publications from the IRS by calling 1-800-TAX-FORM. **Please note the 20% mandatory federal tax withholding is the responsibility of the retirement system. Any further tax liability is the sole responsibility of the member receiving the lump sum distribution.**

An IRS Form 1099-R will be issued to you in January of the year following the date of your refund check. If you choose a direct roll-over you will receive two separate IRS 1099-R forms; one for the taxable portion which was paid in the direct rollover and one for the non-taxable portion.

PART III - ELECTION FORM

NAME (Last)	NAME (First)	M.I.	EMPLOYEE ID
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Please place a check in either box "A" or "B" below to indicate the payment method that you are electing for the taxable portion of your refund. If you elect a direct rollover, you must indicate whether it is an individual retirement account (IRA) or another qualified employer pension plan.

A. I elect a direct rollover of the taxable portion of my refund distribution to the following account:

- IRA OTHER QUALIFIED PENSION PLAN

Recipient Institution or Plan Name
 to which check will be made payable _____

Account Number: _____

B. I elect to receive both the taxable and non-taxable portions of my refund distribution. I understand that if the taxable portion of the refund is \$200.00 or more, 20% federal tax will be withheld.

I certify the following: I have read, or had read to me, the information contained in this application including the "safe harbor" explanation and had the opportunity to seek advice on the refund, my choice of election and its tax consequences. I am not now employed in a job requiring me to make contributions to the retirement system, and if I should become reemployed in such a job before I receive my refund, I will notify the Retirement Services Division to cancel this application. I understand that my refund cannot be paid until this application has been completed and all necessary information has been received. I understand that upon receiving my refund, I forfeit all rights to my benefits under the hazardous duty or disability provisions of SERS for this period of service. Further, should I return to a position in state service designated as hazardous duty, I will need to return these contributions and interest, along with the appropriate statutory interest, in order to restore my hazardous duty retirement credit for this period of service.

SIGNATURE OF APPLICANT	DATE	TELEPHONE NUMBER
SIGNATURE OF WITNESS	DATE	TELEPHONE NUMBER