

APPLICATION FOR RETURN OF ACCUMULATED CONTRIBUTIONS CASH REFUND



Date _____ CRS Member # _____ CHRIS Employee ID # _____

I, _____, _____ / _____ / _____
PLEASE PRINT NAME Social Security Number Date of Birth

do hereby make application for the return of my accumulated contributions to the Cincinnati Retirement System (CRS) by cash refund. My employment with the City of Cincinnati was terminated on _____. My position was _____ in the _____ Department. I am no longer employed by the City of Cincinnati.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE:

- The CRS is required to notify the Child Support Enforcement Agency of lump sum payments issued. If I owe any arrearages there may be a court order to forward all or part of the lump sum payment to the appropriate agency.
- I will receive my distribution in a lump sum payment. The distribution is subject to a mandatory 20% federal withholding tax that will be deducted from the payment. The payee does NOT have a choice about choosing a different withholding amount.
- The distribution may be taxable for the purposes of your state of residency, although no state taxes are withheld from the distribution.
- The return of contributions is irrevocable, voids all service credit, and my eligibility for benefits from the CRS. By obtaining a return of contributions, my original membership **date** is voided permanently and can not be reestablished through future service purchase should I be re-employed by the City and become a member of the Cincinnati Retirement System. If I withdraw my contributions from the CRS, I will NOT be entitled to a pension upon reaching retirement eligibility.
- Payment may take 90 - 120 days following CRS receipt of the completed application and/or the employee's termination in the City personnel payroll system.
- Any outstanding unpaid amounts due by you to the City of Cincinnati for overpaid earnings or benefits will be collected from this payment.

MAILING ADDRESS:

Street _____ City _____ State _____ Zip Code _____

Phone Number (_____) _____ Signature _____

DO NOT WRITE IN THIS SPACE—FOR RETIREMENT OFFICE USE ONLY

On this _____ day of _____ 20 _____,
 personally appeared before me the said _____
 known to me to be the person who executed the foregoing instrument and
 he/she duly acknowledged to me that he/she executed the same, and being
 duly sworn, made oath that the statements contained therein are true.

 Notary Public (Seal)

State of Ohio
 Hamilton County] SS