

PART I - Member Information

Member Full Name

Member Home Address

City State Zip

Member Non-work Email

Member Non-work Phone Member Last Four of SSN

I certify that there **is no existing** court order or pending divorce proceeding which will affect this distribution of my benefit to someone other than myself.

I certify that there **is an existing** court order or pending divorce proceeding which will affect this distribution of my benefit to someone other than myself and a copy of the order is attached.

By signing, I certify that I understand that I am making a **final and binding decision to forfeit my rights to employer contributions and to any other benefit to which I may be entitled** from the Pennsylvania Municipal Retirement System and that the information provided is true and accurate.

Member Signature

Date of Signature

PART II - Employer Information

List, by quarter, the compensation and contributions for this member which have not already been reported via a Quarterly Report of Contributions form (PMRB-21). List only compensation for pension-eligible service. Use caution if reporting lump sum payments for accrued leave. All data reported here must match your next PMRB-21 submission.

| | Employer needs to provide the year of the quarter | | | | | | | | | | | |
|---|---|----|--|----|----|--|----|----|--|----|----|--|
| | Q1 | YR | | Q2 | YR | | Q3 | YR | | Q4 | YR | |
| Regular Compensation | | | | | | | | | | | | |
| Pensionable portion, if any, of lump sum leave payout | | | | | | | | | | | | |
| Required member contributions | | | | | | | | | | | | |
| Optional member contributions | | | | | | | | | | | | |
| Employer cash balance contributions, if any | | | | | | | | | | | | |

Employment Separation Voluntary Involuntary

Date of Last Paycheck

Last Day of Compensated Employment

Effective Date of Termination

See reverse for instructions and important information

If the last date of compensated employment and the effective date of termination are not the same, please provide a reason.

Employer Name Municipal Code

Contact Name

Contact Title

Contact Phone Contact Email

By signing, I certify that I am an authorized representative of the employer and that the information provided above is true and accurate.

Employer Signature

Date of Signature

INSTRUCTIONS

Who completes the form and for what purpose?

Both the employer and member must complete this form. If the member wants to withdraw his or her own contributions, plus interest, in a lump sum from the Pennsylvania Municipal Retirement System.

Members who plan to retire, or keep (vest) their benefits until they retire, should not complete this form.

When must the form be submitted?

This form may be submitted at any time after a vested member has terminated employment and has received his or her final paycheck.

Instructions for submitting the form:

- Complete all fields.
- Print legibly in blue or black ink, or type on form, then print and save.
- Member completes, signs, and provides form to employer.
- Employer completes, signs, and returns form via mail or email to:

Pennsylvania Municipal Retirement System
P.O. Box 1165
Harrisburg, PA 17108-1165
ra-rsCompletedForms@pa.gov

- Employer provides a completed copy of the form to the member.
- Employer retains a copy of the form for auditing purposes.
- Member also completes, signs, and submits a PMRB-6 form via mail or email to PMRS.

Key considerations.

By completing and submitting this form, the member is making **a binding and irrevocable decision to forfeit employer contributions and a lifetime annuity benefit** in order to withdraw his or her own contributions, plus interest, from PMRS.

Only compensation and contribution information that has not been previously provided by the employer should be included. Information included in this form must match exactly the next report submitted.

PMRS cannot process payment until the member has also completed and submitted an Application for Lump-Sum Distribution (PMRB-6).

Interest ceases to accrue upon date of separation for members who are ineligible for retirement benefits. It is in your best interest to submit this form as soon possible upon separation without a vested benefit.