



# Notice of Final Deposit and Request for Refund

Retirement Systems of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

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Check One: ☐ ERS ☒ TRS ☐ JRF

## Your Information

Name CJ Duan  
First Middle/Maiden Last  
Address 3429 Rustin Ave. APT 8 Riverside CA 92507  
Street or P.O. Box City State ZIP Code  
Daytime Telephone (909) 212-1013 Email Address cjduan@me.com  
Date of Birth 10/03/1968  
RSA Account Number (if known) 648619

## Distribution Information

Read the enclosed special tax notice before completing the remainder of this form.

Select **only one** distribution option:

☐ Lump Sum Payment

I elect to receive (at the above address) full distribution of my account, less the 20% Federal Income Tax withholding required.

☒ Direct Rollover

I elect to have 100 % of the taxable benefit transferred directly to the trustee named below (for transfers less than 100%, the remainder of the account, less the mandatory 20% Federal Income Tax withholding will be paid to me at the above address).

Rollover Trustee Information requires the signature from the Rollover Trustee Official.

**Rollover Trustee Information** (complete only if Direct Rollover is checked)

Rollover Trustee Name E\*TRADE Securities LLC Account Number 50896198  
Contact Person Shawn Astin Daytime Telephone 800-367-2331  
Address PO Box 484 Jersey City NJ 07303-0484  
Street or P.O. Box City State ZIP Code

Type of account into which money will be transferred: (An Education IRA is **not** an eligible plan)

☐ 401 Qualified Retirement Plan ☐ 403(a) Annuity Contracts ☐ 403(b) Tax Sheltered Annuity ☐ Roth IRA

☒ 408(a) Individual Retirement Account ☐ 408(b) Individual Retirement Annuity ☐ Governmental Deferred Compensation Plans (IRC 457)

Plan accepts non-taxable funds? ☒ Yes ☐ No

Sign Here → Trustee Official

Trustee Official Signature [Signature] Date 09/11/2017  
Signature by Trustee Official affirms acceptance of transfer.

## Signature Certification

I certify that I have received the printed explanation entitled Special Tax Notice Regarding Your Rollover Options prior to signing this certification. I also certify that I have read the Employment Termination Statement on the back of this form.

Sign Here →

Your Signature [Signature] Date 9/16/2017  
Please have your signature acknowledged before a Notary Public.

State of CALIFORNIA, County of RIVERSIDE  
I, P. KESUMA, a Notary Public, hereby certify that CJ DUAN whose name is signed to the foregoing conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she executed the same voluntarily on the day the same bears date. Given under my hand this 16TH day of SEPTEMBER, 20 17. (Seal)

Signature of Notary Public [Signature]  
My Commission Expires APRIL 24, 2019





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Name CJ

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### Employer Certification

*To be completed by  
the employing agency*

Employing Agency \_\_\_\_\_

Last report to include retirement contribution \_\_\_\_\_  
(Month, or if state employee, last payroll check issue date)

Last day for which employee was paid \_\_\_\_\_ (Month/Day/Year)

I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment at said agency.

**Sign Here →**  
Employer

Payroll Officer Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

Send this form with the payroll report which includes the member's final deposit. **If this is a state agency reporting unit, do not submit this form to the Retirement Systems until all warrant cancellations for this individual have been processed by the state comptroller.**

### Instructions for Refund Request

Complete the first page of this form, including having your signature notarized. If you elect a direct rollover, the trustee must complete the trustee information in the Distribution Information section. The trustee official must verify if their plan accepts or does not accept non-taxable funds. The trustee official must also sign to affirm acceptance of the transfer.

The Employer Certification (above) should be completed by the employing agency. The refund will not be processed until the Retirement Systems of Alabama (RSA) receives the member's final deposit along with this form and any additional requested information.

Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.

After this form has been completed, any address change must be submitted to the RSA in writing and be signed by the applicant. Include your Social Security number or PID number on any correspondence.

### Employee Termination Statement

I hereby certify that I have permanently terminated my employment in any agency covered by the Retirement Systems indicated and request that the contributions and applicable interest be distributed as shown. I further certify I do not have a contract nor am I negotiating for employment with any agency covered by the System indicated. I understand that I am *not entitled to the total interest* credited to this account, but a proportion of the total interest determined by RSA service credited to this account. The refundable funds in my account are due to me and unpaid, and I understand that payment in accordance with this form will release the RSA from any claim for other benefits.

**No portion of the refund is subject to state of Alabama income tax.**

If you have any questions regarding the taxability of your refund, contact the IRS or a tax advisor.