Georgia Defined Contribution Plan
Two Northside 75, Suite 300, Atlanta, GA 30318
(404) 352-6400 GIST 271-6400

Social Security Number

_____

Application for Refund of Contributions

- Refunds include accumulated employee contributions and credited interest earnings (if any).
- Please type or print in ink. Enter your Social Security Number in the upper right hand box. Than complete section one. List your name as it appears on your Social Security Card. Give the completed application to your Personnel Department for certification. DO NOT SEND TO GDCP.

• SECTION 1 •

Name: _____
Last First Middle or Maiden

Mailing Address: _____
Number Street (Apt #)

_____
City State Zip

Unit of the Board of Regents by which you were employed: Kennesaw State University

- If the taxable portion of the refund is more than $200, GDCP is required to withhold Federal Income Tax unless you specifically indicate below that no withholding be made. The amount withheld is typically five percent (5%) if the taxable portion of the refund. By choosing no withholding, you may be required to pay estimated taxes. The Internal Revenue Service may charge a penalty for failure to pay estimated taxes.

⇨ I understand that choosing no withholding may require me to pay estimated taxes to the IRS, and a penalty can be charged for failure to pay the estimated taxes.

Check this box ONLY if you DO NOT want the Federal tax withheld. ☐

_____ _____
Signature Date

• SECTION 2 •
PERSONNEL DEPARTMENT USE ONLY

Termination Date: _____ Last Payroll Deduction: _____
Month/Day/Year Month/Day/Year

Earnings: $_____ Contributions: $_____ for _____
Month/Year

I certify that this employee has terminated employment, and the total salary and contributions listed above are for the month of termination.

Signed: _____ Date: _____
Reporting Official

Dept/Unit # 5430 FEIN #58-0965786 Telephone # 770-423-6030