Georgia Defined Contribution Plan

Two Northside 75 Suite 300 Atlanta, GA 30318
(404) 352-6400

Social Security Number

_____ / _____ / _____

Application for Refund of Contributions

- **Refunds include accumulated employee contributions and credited interest earnings (if any). Checks are mailed no later than the last business day of the month following the month of the last payroll deduction.**
- **Please type or print in ink. Enter your Social Security Number in the upper right hand box. Then complete Section 1. List your name as it appears on your Social Security Card. Give the completed application to your Personnel/Payroll Department for certification. DO NOT SEND TO GDCP.**

■ SECTION 1 ■

Name _____
last first middle or maiden

Mailing Address _____
number street (Apt. #)

_____
city state zip

State department in which employed _____
OR
Unit of Board of Regents in which employed _____

- **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%) of 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.**

→ **By signing and submitting this application, I am agreeing to the following:**
I understand that choosing no withholding may require me to pay estimated taxes to 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/PAYROLL USE ONLY

Termination Date ____ / ____ / ____ **Last Payroll Deduction** ____ / ____ / ____

Salary $ _____ **Contributions $** _____ **for** ____ / ____ / ____
mo. day yr.

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

Signed _____ **Date** _____
Fiscal Officer/Reporting Official

Dept/Unit # _____ **FEIN #** _____ **Telephone # ( )** _____