

NOT EFFECTIVE UNTIL RECEIVED. MEMBER MUST FAX AND MAIL FORM TO MPERS ON THE SAME DAY THAT AFFIDAVIT IS EXECUTED.



MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

7722 Office Park Boulevard Suite 200 Baton Rouge, Louisiana 70809-7601
Phone 800.443.4248 / 225.929.7411 Fax 225.929.6542 Web lampers.org

R.S. 11:157 AFFIDAVIT (WAIVER OF VALUABLE RETIREMENT BENEFIT RIGHTS)

STATE OF LOUISIANA, PARISH OF _____

Date of Hire

BEFORE ME, the undersigned authority, personally came and appeared:

Employee's First Name	Middle Name	Last Name	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Employed by Town/City/Village of _____

Who, upon being first duly sworn, did depose and state that he is employed by a municipality that has had its police employees covered under the federal Social Security program since before July 1, 1973 and that, under the provisions of R.S. 11 :157, he does hereby elect to not be a member of the Municipal Police Employees' Retirement System ("MPERS"); that this election to not be a member is made of his own free will and is his own voluntary act and deed; that he understands that he shall be refunded his employee contributions, if any, that have been received by MPERS, without interest for any period during which he contributed to MPERS; that he waives and relinquishes for himself, his heirs, and his assigns, all accrued rights to MPERS; that he will not be eligible to rejoin the system while he is employed by the same employer or by any other employer whose employees have been covered under the federal Social Security program since before July 1, 1973; that he has reviewed the Member Handbook located at lampers.org; that he understands he is **waiving potentially valuable retirement benefits**, including a one hundred percent of average final compensation benefit for qualified survivors of those killed in the line of duty; this affidavit is invalid if his employer did not first enroll him in MPERS; and that he acknowledges that MPERS staff advises him to **absolutely not** execute this affidavit.

This form is not required by MPERS or YOUR EMPLOYER

Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public in and for the Parish and State aforesaid, this _____ day of _____, 20 _____.

Notary Public's Signature

Notary Public's Printed Name

Notary ID Number



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AUTHORIZATION FOR DIRECT DEPOSIT for REFUND OF EMPLOYEE CONTRIBUTIONS

Include copy of Social Security card

SECTION 1: CONTACT INFORMATION

Name SSN – **INCLUDE COPY OF SOCIAL SECURITY CARD**

Mailing Address City State Zip Code

Daytime Phone Number Evening Phone Number E-mail Address

SECTION 2: ACCOUNT INFORMATION

Name and Address of Financial Institution

Type of Account: Checking Savings

Routing Number Account Number (up to 17 digits)

SECTION 3: PAYEE SIGNATURE

I hereby authorize the Municipal Police Employees' Retirement System (MPERS) to direct the net amount of my Refund of Accumulated Contributions payment to my account at the financial institution designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. If payments have been deposited to my account that are not due, or if funds are credited to my account in error for any reason, I authorize: 1) MPERS to initiate electronic funds transfer debit transactions to retrieve those payments and 2) The financial institution (bank or credit union) to release to MPERS the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney relevant to those payments to withdraw funds from my account. If my death should occur prior to the due date of any payment that is made by MPERS in compliance with the Authorization for Direct Deposit, the named financial institution shall refund such payments to MPERS. I certify that I am entitled to the payment identified herein.

By signing below, I certify that I have read the provisions of this form, and fully understand the obligations contained herein.

Payee's Signature Date Signed

INSTRUCTIONS :: This form authorizes a direct deposit of a refund of accumulated contributions into your account and is to be used only for payments disbursed by the Municipal Police Employees' Retirement System (MPERS). Deposits will be made by way of electronic funds transfer (EFT) from MPERS account to your account. **Please mail, fax, or email the completed form to MPERS.**

COMPLETE FORM IN ITS ENTIRETY :: Provide the complete name and address of the financial institution to which payment will be sent. Identify the type of account in which this payment is to be deposited, either checking or savings. Enter the routing number for your bank (9 digits; can be found on the bottom of your check, usually the first set of numbers). Enter your account number (up to 17 digits; can be found on the bottom of your check, usually the second set of numbers).

PAYEE CANCELLATION INSTRUCTIONS :: This authorization remains in effect until cancelled by written notice from the payee (or the legal representative, in the event of the death of the payee). You may change the designation of your financial institution by completing and submitting a new authorization form.

HOLIDAYS AND WEEKENDS :: Direct Deposits for refund payments are made on the 5th and 20th of each month. Should your payment date fall on a weekend or holiday, deposits will be in your bank or credit union by the following Monday. If you have not received your direct deposit after 90 days from submitting all necessary documents, please contact MPERS at 225.929.7411 or toll free at 800.443.4248.