



Tulsa County Retirement System
 c/o Tulsa County Clerk
 218 W. 6th Street, 7th Floor
 Tulsa, OK 74119
 918 596-5854 Fax 918 596-5867

APPLICATION FOR WITHDRAWAL

This form allows you to notify the Tulsa County Retirement System of your intent to withdraw your accumulated employee contributions after you terminate employment with Tulsa County. You must also complete the separate Election of Withdrawal Distribution form(s) to select the method of distribution should you decide to go forward with the withdrawal. Please print or type the information requested and return this form to Tulsa County Retirement System.

I – MEMBER INFORMATION AND SIGNATURE

A member who has 5 years of credited service at the date of termination may elect a vested benefit in lieu of withdrawing the member’s share of accumulated contributions. Such a member will receive a retirement estimate and a form entitled *Selection of Vested Benefit or Withdrawal* after you have submitted this form. At that time the member will choose between electing a vested benefit and withdrawing the member’s accumulated contributions. This withdrawal will be an amount equal to the sum actually paid by the employee, deducted from the employee’s salary and deposited with the Retirement System. All amounts so withdrawn by the employee shall be paid **without interest**.

I understand that by withdrawing my accumulated contributions, I forfeit the right to elect a vested benefit and I am forfeiting any monthly benefit payments that the Retirement System would have made in the future. I understand that the withdrawal of contributions to the retirement fund as provided herein **is irrevocable once the warrant is cashed**. I understand that the withdrawal is **not eligible for repayment at any time**.

I certify that I have not been employed by Tulsa County since my termination date.

 NAME (First, Middle, Last) xxx-xx- _____
Last 4 Digits of Social Security Number

 Mailing Address (Street or P.O. Box, City, State, Zip)

 Date of Birth Daytime Phone Number Termination Date Supervisor’s Name

 Member’s Signature _____
Date

II. VERIFICATION – to be completed by Retirement System

 Last Date on Payroll _____
Dept./Supervisor

 Verified by: _____
Date