



REQUEST FOR REFUND OF VOLUNTARY ADDITIONAL CONTRIBUTIONS (VAC)

IMRF Form VARF (12/2011)

Please print or type in black ink. Do not use highlighter on form.

SECTION 1 — MEMBER INFORMATION					
FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER	
HOME STREET (MAILING) ADDRESS			CITY	COUNTY	
STATE AND ZIP (+4 if known)		DATE OF BIRTH (M/D/Y)		DAYTIME TELEPHONE NO.	
YOUR EMPLOYER (Required)		EMPLOYER NO. (If known)		HOME TELEPHONE NO.	

SECTION 2 — STANDARD VAC PROCESSING INFORMATION
<ul style="list-style-type: none"> • If there is a portion of your refund eligible for a rollover, IMRF will send you the required notifications and forms before your claim is approved. • This is <u>NOT</u> a regular savings account so there may be a delay in processing your request. IMRF will not process your VAC refund until all contributions for the period being refunded have been reported. <p>Examples:</p> <ul style="list-style-type: none"> • Refund through 12/31 of last year will not be processed until all VA Contributions, including the month of December, have been reported to IMRF (typically received by mid-January.) • Refund through date chosen will not be processed until IMRF has received all VA Contributions through the date specified on this application (typically received by mid-month following the final date of the plan.)

CHOOSE OPTION A OR B BELOW AND PROVIDE APPROPRIATE SIGNATURE(S)

OPTION A - PREVIOUS-YEAR REFUND WITH CONTINUED VA CONTRIBUTIONS	
<input type="checkbox"/> I request a refund of my Voluntary Additional Contributions and interest through December 31 of the previous year. I wish to <u>continue</u> making Voluntary Additional Contributions in the <u>current year</u> .	
Member Signature (<i>write; do not print or type</i>)	
X	DATE: MONTH/DAY/YEAR

OPTION B - CURRENT-YEAR REFUND WITH SUSPENSION OF VA CONTRIBUTIONS	
<input type="checkbox"/> Through _____, I request a refund of my Voluntary Additional Contributions and interest, including VAC made in the current year. I acknowledge that I will not be allowed to enroll in Voluntary Additional Contributions again until January of next year.	
Member Signature (<i>write; do not print or type</i>)	
X	DATE: MONTH/DAY/YEAR
IMRF Authorized Agent Signature (<i>Required to stop VA Contributions</i>)	
X	DATE: MONTH/DAY/YEAR