



REQUEST FOR REFUND OF VOLUNTARY ADDITIONAL CONTRIBUTIONS (VAC)

IMRF Form VARF (Rev. 01/2014)

SECTION 1 — MEMBER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II, ETC.	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
HOME STREET (MAILING) ADDRESS			CITY, STATE AND ZIP	
DATE OF BIRTH (MM/DD/YYYY)	DAYTIME TELEPHONE NUMBER (w/ Area Code) ()		HOME TELEPHONE NUMBER (w/ Area Code) ()	
YOUR EMPLOYER (Required)			EMPLOYER NO. (If known)	

YOUR REFUND OPTIONS DEPEND UPON YOUR EMPLOYMENT STATUS. CHOOSE ONLY ONE OPTION.

If you are CURRENTLY EMPLOYED by an IMRF employer, you must choose Option A or Option B

OPTION A - TAKE REFUND OF VA CONTRIBUTIONS; CONTINUE MAKING VA CONTRIBUTIONS

- You will **NOT** be paid interest on this refund at this time because you are currently employed by an IMRF employer. Your interest will remain on account and continue to earn interest. You will be eligible for a refund of the interest when you stop working for your IMRF employer or when you apply for your IMRF pension.
- You must receive a refund of **all** of your VA Contributions on deposit. You may not receive a partial refund.
- You must reapply for a refund of any VA Contributions posted to your account after you receive this refund.

I choose Option A for a refund of my VA Contributions on file. I choose to continue making VA Contributions after I receive this refund.

MEMBER SIGNATURE (WRITE; DO NOT PRINT)

DATE (MM/DD/YYYY)

X _____

OPTION B - TAKE REFUND OF VA CONTRIBUTIONS; STOP MAKING VA CONTRIBUTIONS

- You will **NOT** be paid interest on this refund at this time because you are currently employed by an IMRF employer. Your interest will remain on account and continue to earn interest. You will be eligible for a refund of the interest when you stop working for your IMRF employer or when you apply for your IMRF pension.
- You must receive a refund of **all** of your VA Contributions on deposit. You may not receive a partial refund.
- You will receive your refund after your VA Contributions stop and all of your VA Contributions have been posted to your account.
- **Authorized Agent must sign below and certify** the final pay date that will include withholding for VA Contributions. *Date of last paycheck that VA Contributions are withheld:* _____

MM/DD/YYYY

I choose Option B for a refund of my VA Contributions on file. I choose to stop making VA Contributions after I receive this refund.

MEMBER SIGNATURE (WRITE; DO NOT PRINT)

DATE (MM/DD/YYYY)

X _____

AUTHORIZED AGENT SIGNATURE (WRITE; DO NOT PRINT)

DATE (MM/DD/YYYY)

X _____

If you are NO LONGER EMPLOYED by an IMRF employer, you must choose Option C

OPTION C - TAKE REFUND OF VA CONTRIBUTIONS ONLY; KEEP REGULAR CONTRIBUTIONS ON DEPOSIT.

- You will receive a refund of **all** your VA Contributions, including any interest in your account, because you are no longer employed by an IMRF employer. You may not receive a partial refund.
- You will receive a letter from IMRF explaining your payment options, e.g., lump sum, IRA, etc.
- For you to receive this refund, **your employer must submit a termination of IMRF participation for you**, which will provide your last date of employment with your IMRF employer. Without a termination notice, your refund request will not be processed.

I choose Option C for a refund of my VA Contributions and interest on file.

MEMBER SIGNATURE (WRITE; DO NOT PRINT)

DATE (MM/DD/YYYY)

X _____

Illinois Municipal Retirement Fund

2211 York Road Suite 500 Oak Brook, IL 60523-2337

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax: (630) 706-4289

www.imrf.org