Missouri Local Government Employees Retirement System
P.O. Box 1665, Jefferson City, MO 65102
P: 1-800-447-4334 F: 1-573-636-9671

LRS-4
Rev 8-2012

REQUEST FOR REFUND OF EMPLOYEE CONTRIBUTIONS BY BENEFICIARY OR PERSONAL REPRESENTATIVE

INFORMATION ABOUT MEMBER (PLEASE PRINT)

Name First Middle Last		Social Security Number	
Employer	Last Day of Employment: Month / Day / Year	Date of Death (if applicable): Month / Day / Year	

INFORMATION ABOUT APPLICANT (PLEASE PRINT)

Name First Middle Last	Social Security Number	
Phone Number	Check the box that applies to You: Personal Rep. ☐ Beneficiary ☐	

Please attach copies all the following that apply:

A. Certified Copy of Member's Death Certificate (if applicable)
B. Certified Copy of Court Order (if person representative)
C. Proof of Guardianship (if beneficiary is a minor)

I DECLARE THE ABOVE ITEMS TO BE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Beneficiary or Personal Representative Date

REFUNDS WILL NOT BE PAID BEFORE THE EXPIRATION OF 60 DAYS FROM THE LAST DAY OF THE MEMBER'S EMPLOYMENT. IF WAGES WERE REPORTED IN THE MONTH OF TERMINATION, THE REFUND WILL BE PAID APPROXIMATELY 60 TO 90 DAYS FROM THE DATE OF TERMINATION. CHECKS ARE ISSUED ON THE FIRST WORKING DAY OF THE MONTH ONLY, BUT NOT EARLIER THAN 60 TO 90 DAYS FROM THE LAST DAY OF EMPLOYMENT.

Please send the refund check to:		Permanent address (if different):	
Full Name		Full Name	
Street Address		Street Address	
City		City	
State	Zip	State	Zip