

How to request a GDCP refund

1. Please print the following information:

Name _____

Social Security # _____

Department _____

Date of employment

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Last day of work in temporary position

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2. Complete the attached Application for Refund of Contributions form.

Be sure to **sign the form!**

3. Return these two forms to:

Payroll Department
Clayton State University
Administration Building
2000 Clayton State Blvd.
Morrow, GA 30260

Note: You should receive your GDCP refund within 6-8 weeks after you receive your last paycheck.



Georgia Defined Contribution Plan

Two Northside 75, Suite 300, Atlanta, GA 30318

(404) 352-6400

Social Security Number

Application for Refund of Contributions

- Refunds include accumulated employee contributions and credited interest earnings (if any). Checks are mailed no later than the last business day of the month following the month of the last payroll deduction.
- Please type or print in ink. Enter your Social Security Number in the upper right hand box. Then complete Section 1. List your name as it appears on your Social Security card. Give the completed application to your Payroll Department for certification. **DO NOT SEND TO GDPC.**

■ SECTION 1 ■

Name _____

last

first

middle or maiden

Mailing Address _____

number

street

apt. #

city

state

zip

Employed by Clayton State University

If the taxable portion of the refund is more than \$200, GDPC is required to withhold Federal Income Tax unless you roll over the taxable portion to another retirement account. You will be notified if this applies to you, and you will receive specific information regarding your refund.

If the taxable portion (interest earned) of the refund is less than \$200, you may choose to have GDPC withhold Federal Income Tax (typically 10%), or you may choose no withholding. **NOTE THAT NO TAX DEDUCTION WILL BE MADE IF THE TAX DEDUCTION IS LESS THAN \$1.** By choosing no withholding, you may be required to pay estimated taxes, and IRS may charge a penalty for failure to do so. Check the box below to indicate your choice.

NO - DO NOT WITHHOLD FEDERAL INCOME TAX

YES - WITHHOLD FEDERAL INCOME TAX IF EQUALS \$1 OR MORE

signature

date

■ SECTION 2 ■

PERSONNEL/PAYROLL USE ONLY

Termination date _____

mo

day

yr

Last payroll deduction _____

mo

day

yr

Salary \$ _____ Contributions \$ _____ for _____

mo

yr

I certify that this employee has terminated employment, and the total salary and contributions listed above are for the month of termination.

Signed _____

Date _____