



Name <small>Last</small> <small>First</small> <small>Middle</small>		Date of Birth - -	Plan Type <small>(Check One)</small>
Social Security Number - -		Retirement Number	
Address		City	State
Home Phone		Work Phone	Employer
		Zip	<input type="checkbox"/> State <input type="checkbox"/> County

Voluntary Repayment of Refund – Method of Payment

I will repay \$_____ with payment(s) to begin on _____ Date

You may repay a past refund of your account if you are returning to employment 120 days after your last termination, but less than five years from that date.

Please complete the following payment election section:

- | | | |
|--|-----------|---|
| <input type="checkbox"/> LUMP SUM PAYMENT | OR | <input type="checkbox"/> INSTALLMENT PAYMENTS |
| BY WAY OF: | | OVER: |
| <input type="checkbox"/> DIRECT PAYMENT <small>(AFTER TAX)</small> | | <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 18 MONTHS |
| <input type="checkbox"/> QUALIFIED ROLLOVER <small>(PRE-TAX)</small> | | <input type="checkbox"/> 24 MONTHS <input type="checkbox"/> OTHER |
| | | If other, please specify _____ |
| | | (If "other", payment must be completed within five years of your re-employment) |

The undersigned have executed this agreement this _____ day of _____, 20_____.

(Signature of Employee)

(Signature of Employer)

Accepted and agreed to:

NEBRASKA PUBLIC EMPLOYEES RETIREMENT SYSTEM

By: _____

Title: _____

If you have chosen to repay your refund by way of a direct rollover from a qualified plan or IRA, please complete the enclosed Rollover from Tax-Deferred Account form and return the form with the check to our office.

BAR CODE
