

City of Burlington Retirement System

Forms Audit Checklist – Return of Contributions

Participant Name: _____

SSN: _____

Forms Audit Review Completed By: _____

Date: _____

Forms that do not get returned:

Form A: Calculation of Return of Employee Contributions

Form B: Explanation of Benefit Options

Form G: Special Tax Notice

- Package is received (H&H date stamped) in good order within 180 days from the letter date of:**
_____ (see letter on DBP or check calc log)
- Has SC receipt of this package occurred prior to participant termination?** yes no, term date _____
If yes, client confirmation must be provided prior to processing.
- Notary stamp requirement reviewed:** State _____ Stamp Type required: None Embossed Stamp
(If stamp requirement is embossed, only original returned forms are acceptable for those forms with a notary public signature.)
- Form C: Pension Benefit Election Form**
 - Return of Contributions checked off Method of payment checked off **Payment date** _____
 - Address, Social Security Number, phone number, and email address complete (data items not mandatory for processing the forms)
 - Signature and date at bottom appears
 - Compare to DBPEP for needed data changes. Changes are none or _____
- Form D: Return of Contributions Rollover Election**
 - N/A participant elected direct payment
 - Check-off Option 1 or Option 2
 - If Option 2 selected, amount payable to participant must be noted.
 - Rollover account name, account number, and the address of financial institution included.
 - Signature and date at bottom
- Form E: Waiver of 30-Day Election Period**
 - N/A - Payment start date is > than 30 days after date on cover letter: **Date on cover letter:** _____
 - Participant signature and date appears
 - Spouse signature and date appears N/A – participant not married
 - Notary section complete with correct stamp requirement or Plan Rep signature and date appears
- Form F: Direct Deposit Authorization**
 - Not returned
 - All lines of information complete
 - Must include a canceled or voided preprinted check or preprinted deposit slip
 - Signature and date at bottom (if a joint account, joint account holder must sign and date as well)
- Must include copy of Driver's License, copy of Notarized Birth Certificate or copy of Passport included (circle document returned)**
 - Verify date of birth against Form A

Cash Review

- lump sum or retro - cash available at the trust to pay this benefit is \$ _____ Date: _____
- Monthly benefit to be added to next monthly cash account review