



KPERS-101 Rev. 2/14

SUPPLEMENTAL FORM - WITHDRAWAL OF CONTRIBUTIONS

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638
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■ **Note** – Use this form as a supplement to the certification information on the Withdrawal Application (KPERS-13), Employer’s Report of Death (KPERS-61), KP&F Employer’s Report of Death (KP&F-560) or on any Verification of Most Recent Compensation form when there is not adequate space on the primary form to certify all employment periods.

■ Part A – Member Information

1. Social Security Number: _____ 2. Name (First, MI, Last): _____

■ Part B – Employer Certification

4. Dept. # (locals only)	5. Cont. type R=regular D=double T=triple	6. Year certified	7. Member’s contributions (since last annual report)	8. Begin date (MM DD YY)	9. End date* (MM DD YY)
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

■ Part C – Employer Signature

1. Employer: _____ 2. KPERS Employer Number: _____
3. Designated Agent Signature: _____ Month/Day/Year: ____/____/____
4. Department of Administration Authorized Signature - (State agencies only): _____