



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): _____