



**Application for Refund of Additional Member Contributions
For Certain Eligible Transit Operating Managers in the MaBSTOA Pension Plan**

This application is for certain eligible Transit Operating Managers who wish to receive a refund of their Additional Member Contributions (AMC) made in accordance with the MaBSTOA Pension Plan 25 Years of Service Early Retirement Program or the Age 57 and 5 Years of Service Retirement Program. Please complete and notarize this application and return it to MaBSTOA Pension Plan at the address listed on top of this form. Should you have any questions, please contact the BSC at 646-376-0123.

MEMBER INFORMATION

Pass # BSC ID # Last 4 Digits of SSN #

First Name Middle Initial

Last Name Date of Birth

Work Phone # Home/Cell Phone #

Address Apt. Number

City State Zip Code

SPECIAL NOTICE

Your decision to file is optional, NOT MANDATORY. Remember, you may leave your contributions in the MaBSTOA Pension Plan where they will continue to accrue interest at a rate of 5%, compounded annually. Due to Federal Tax laws, after you file this application and we compute the refund payable to you, MaBSTOA Pension Plan will send you a notice concerning its taxability, and if applicable, an election form so that you may rollover into your 401(k)/457 plans or rollover into an IRA.*

**For retirees, interest will cease at retirement. For other separated (non-vested) employees, interest will cease no later than 5 years from date of separation.*

My signature below indicates that I am applying for the return of the Additional Member Contributions, and accrued interest, made in accordance with the MaBSTOA Pension Plan 25 Years of Service Early Retirement Program or the Age 57 and 5 Years of Service Retirement Program.

Employee/Retiree Signature: Date:

This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of County of

On this day of , , personally appeared before me the above named,

to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

If you have an official seal, affix it.

Signature of Notary Public or Commissioner of Deeds

Official Title

Expiration Date of Commission