Investment Plan Retirement – Checklist

Employee Name ______________________ People First ID# __________

Agency/Circuit _________________ Termination Date __________

Payroll	☒	Date
Submitted Termination PAR* to JAC, reason code "53" for "Other"	☐	___________
Submitted Leave PAR to JAC for annual and/or sick leave payout	☐	___________

* Please indicate this is an "Investment Plan Retirement" in the Comments Section of the PAR. This will ensure the PAR is appropriately routed to the Retirement Coordinator to process.

Distribution Eligibility*	☒	Date
Employee has reviewed the Investment Plan Termination Kit	☐	___________

* Investment Plan members may request a distribution by contacting the FRS Plan Administrator at 1-866-446-9377, option 4. Members are not required to complete any paper forms to request this distribution and also have the option of rolling over the funds to another qualified retirement account or taking periodic withdrawals.

Notes: