

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

**PARTICIPATING GOVERNMENTAL UNIT
WITHDRAWAL APPLICATION**

IMPORTANT: An electronic version of this form is available at sra.maryland.gov.

(REV. 12/15)

Organization Name

Address

Phone

Fax

Primary Contact

Title

Phone

Email

Secondary Contact

Title

Phone

Email

Tentative Withdrawal Date: What is the proposed date of withdrawal? June 30, 20
(Note: Withdrawals and transfers take effect at the end of the state's fiscal year.)

Please select the Plan from which you are applying to withdraw:

Employees

Law Enforcement

Correctional Officers

Please describe the group of employees who will be affected by this withdrawal:

New Plan Information

1. Are you transferring to another State system or establishing a local pension system?

Another State system

Local system

Please identify the name of the system:

(Note: Service credit and accrued assets in the existing state defined benefit plan cannot be transferred to a defined contribution plan.)

Related Professionals

a. Please provide the name, contact person and phone number of your legal counsel:

Legal Counsel / Law Firm

Legal Counsel Contact Person

Legal Counsel Phone

- b. If you employ the services of an actuary, please provide the name of the actuarial firm, contact person and phone number.

Actuary (if applicable)

Actuary Contact Person

Actuary Phone

- c. If you are working with a third party plan administrator, please provide the name of the plan administrator, contact person and phone number.

Third Party Administrator (if applicable)

Third Party Administrator Contact Person

Third Party Administrator Phone