



Teachers' Retirement System of Louisiana
8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
P.O. Box 94123 • Baton Rouge, LA 70804-9123
Telephone: 225-925-6446 • Fax: 225-925-6366
www.TRSL.org

Form 11 (05/17)

Retirement/DROP Application Instructions

Print in ink or type all entries except signatures. All applicants must complete Section 1, 2, 5, and 6.

Depending on your election, you will also need to complete the following: Section 3 (ILSB Information), Section 4 (ACO Information), and Section 7 (DROP/ILSB Account Beneficiary Information).

Applications may be canceled before cashing any benefit check, including estimated benefit payments and direct deposits. Your application may be submitted within six months before your effective retirement/DROP date. It is your responsibility to complete and submit your application before your selected retirement/DROP date.

Applications not properly completed or received after the effective retirement/DROP date will result in the delay or loss of retirement/DROP benefits. If your death occurs within 30 days from your effective retirement/DROP date (including ILSB), you will be considered an active member at the time of your death in accordance with LSA-R.S. 11:783(A). (Beneficiaries listed on this form would then be applicable only if they are on your active member record and only if no survivor benefits are payable.) Whatever survivor benefits or refunds are due will be paid in accordance with LSA-R.S. 11:762. Refunds would be payable to the beneficiary(ies) currently on file in your active member record.

Section 1 — Retirement Information:

Please check the appropriate retirement choice (only one). Enter date of retirement or DROP in the blank provided. This section must be properly filled out for your application to be valid.

Section 2 — Member Information:

Please attach the following documents if you have not already done so (if applicable): Your social security card & birth certificate, your spouse/beneficiary(ies)' social security card & birth certificate, all divorce or legal separation documents, community property settlements, spousal death certificate. If your current marital status is "divorced", an *Affidavit of Retirement Option Election* (Form 11E/ED) will not be sent to you until we receive a copy of your divorce documents. Write your Social Security number on each document.

Section 3 — Initial Lump Sum Benefit (ILSB) Information:

TRSL will calculate an ILSB benefit with reduced monthly benefit amounts based on the lump-sum amount you specify. If you elect to receive 85% or more of your maximum lump-sum, account setup will not occur until all member and employer information has been received and the final benefit is computed. ILSB eligibility requirements are the same as the Deferred Retirement Option Plan (DROP). Additional withdrawal forms are required to withdraw funds from your ILSB account. Refer to the *DROP/ILSB Account Withdrawals* flier at www.TRSL.org for instructions.

Section 4 — Annual COLA Option (ACO) Information:

Annual COLA Option (ACO) allows a retiring member to receive a guaranteed annual 2.5% cost-of-living adjustment (COLA) by accepting an actuarially REDUCED retirement benefit. Members applying for regular service retirement, Deferred Retirement Option Plan (DROP), or Initial Lump-Sum Benefit (ILSB) options are eligible to elect the 2.5% ACO. Complete this section only if you are considering ACO.

Section 5 — Signature of applicant:

The Member Signature is required to receive a benefit. Please sign and date this section.

Section 6 — Retirement Option Beneficiary Information:

Only one beneficiary may be designated for any option that provides a lifetime benefit for your beneficiary (Option 2, 2A, 3, 3A, 4 or 4A). Option 1 is the only option under which you may designate more than one beneficiary. If you select Option 1 and name more than one beneficiary, all beneficiaries will be considered primary and the interest of each will be equal unless otherwise specified. Additional Option 1 beneficiaries may be designated in Section 6A of the application. Option 1 is not available if you elect to receive an Initial Lump-Sum Benefit (ILSB). If you need to list more than four Option 1 beneficiaries, print a second copy of the back side of Form 11, list the additional beneficiaries in Section 6A, and submit with your Form 11. If no beneficiary is desired, enter "no beneficiary" in the name field. Do not leave this field blank.

Section 7 — DROP/ILSB Account Beneficiary Information:

Complete Section 7 of the application to designate beneficiary(ies) you want to receive payment from any funds remaining in your DROP or ILSB account at the time of your death. All beneficiaries will be considered primary and the interest of each will be equal unless otherwise specified. You may use this form to designate one or more contingent beneficiaries. Contingent beneficiaries will not share in any amount due if any primary beneficiary is living at the time of your death. If you need to list more than two DROP or ILSB beneficiaries, print a second copy of the back side of Form 11, list the additional beneficiaries in Section 7, and submit with your Form 11.

A spousal consent (Form 11G) must be attached when a beneficiary other than the spouse is designated or the spouse has not been designated to receive at least 50% of the balance of the account.

Section 8 — Withholding certificate for pension or annuity payments (Form W-4P):
(not applicable for DROP Retirement)

Complete Section 8 of the application to inform TRSL of your tax filing status. You may choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL will withhold federal income tax according to a filing status of married with three exemptions. This may result in your not having enough tax withheld. If withholding and estimated tax payments are not sufficient, you may incur penalties under IRS regulations.

Section 9 — Withholding certificate signature *(Not applicable for DROP Retirement)*

Sign and date to complete withholding authorization.



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: 225-925-6446 • Fax: 225-925-6366
 www.TRSL.org

Form 11 (05/17)

TRSL USE ONLY	
Employer number	
Date of receipt	
Approved by:	

Application for Service Retirement, ILSB, or DROP

Section 1 — Retirement information (Must be completed)

Check one: <input type="checkbox"/> Service — 06-11A <input type="checkbox"/> ILSB — 06-11A5 <input type="checkbox"/> DROP — 06-11F	Date of retirement/DROP begin date _____ / _____ / _____ <small>mm-dd-yyyy</small>
--	--

Section 2 — Member information (Must be completed)

Name: Last, first, MI, suffix (Jr., III, etc.)		Your Social Security number	
Street address / P.O. Box		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
City, state, zip		Attach copy of card An affidavit will not be sent until we receive a copy of your card.	
Home/cell telephone ()	E-mail address	Your date of birth - Attach proof of birthdate	
Work telephone ()	Job title	_____ / _____ / _____ <small>mm-dd-yyyy</small>	
Name of employer	Months of contract <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Spouse's Social Security number	
Check one: *Please attach applicable documents [such as Judgment(s) of Divorce, Death Certificate(s)] <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced* <input type="checkbox"/> Re-married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Current spouse's name: Last, first, MI, suffix (Jr., III, etc.)		Spouse's date of birth - Attach proof of birthdate	
		_____ / _____ / _____ <small>mm-dd-yyyy</small>	

Section 3 — Initial Lump-Sum Benefit (ILSB) (Complete ONLY if you are considering ILSB. Not applicable for DROP.)

I elect **to receive** a reduced retirement benefit based on the maximum lump-sum.

I elect **to receive** a reduced retirement benefit based on the following amount \$ 00

Section 4 — Annual COLA Option (ACO) (Complete ONLY if you are considering ACO.)

Yes, I wish to receive an estimate of **REDUCED** benefits based on the self-funded Annual COLA Option (ACO).

Section 5 — Signature of applicant (Must be completed for application to be processed)

I hereby make application for retirement in accordance with Louisiana laws. I have carefully read the instructions and made the appropriate beneficiary designation(s) in Section 6. I understand that I should receive an acknowledgment letter by mail approximately two weeks after the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL.

Applicant's signature (Do not print or type)	Date signed (mm-dd-yyyy)

Section 6 — Retirement option beneficiary for lifetime benefit payments or primary Option 1 beneficiary (Must be completed)

Name: Last, first, MI, suffix (Jr., III, etc.) If no beneficiary is desired, enter "no beneficiary." Do not leave blank.		Social Security number	
Street / P.O. Box		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
City, state, zip		Attach copy of card	
If you want to designate a specific monthly benefit amount for your beneficiary to receive after your death, enter that amount here.	Option 4 and 4A amount	Date of birth	Relationship
	\$ <input type="text"/> <input type="text"/> 00	_____ / _____ / _____ <small>mm-dd-yyyy</small>	_____

Your Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Form 11 (05/17)

Section 6A — Additional Option 1 beneficiaries (NOT applicable for ILSB retirement)

Name: Last, first, MI, suffix (Jr., III, etc.) Street / P.O. Box City, state, zip		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Social Security number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Attach copy of card Date of birth: ___/___/___ Relationship: _____ <small>mm-dd-yyyy</small>																				
Name: Last, first, MI, suffix (Jr., III, etc.) Street / P.O. Box City, state, zip		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Social Security number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Attach copy of card Date of birth: ___/___/___ Relationship: _____ <small>mm-dd-yyyy</small>																				
Name: Last, first, MI, suffix (Jr., III, etc.) Street / P.O. Box City, state, zip		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Social Security number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Attach copy of card Date of birth: ___/___/___ Relationship: _____ <small>mm-dd-yyyy</small>																				

Check here if additional beneficiary forms submitted.

Section 7 — DROP/ILSB account beneficiaries (Complete ONLY if you elect to participate in DROP or ILSB.)

Name: Last, first, MI, suffix (Jr., III, etc.) Street / P.O. Box City, state, zip		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Social Security number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Attach copy of card Date of birth: ___/___/___ Relationship: _____ <small>mm-dd-yyyy</small>																				
Name: Last, first, MI, suffix (Jr., III, etc.) Street / P.O. Box City, state, zip		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Social Security number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Attach copy of card Date of birth: ___/___/___ Relationship: _____ <small>mm-dd-yyyy</small>																				

Check here if additional beneficiary forms submitted.

Section 8 — Withholding certificate for pension or annuity payments (Form W-4P) (Not applicable for DROP Retirement)

The amount of withholding on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform TRSL of your tax filing status. You may choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions. This may result in your not having enough tax withheld. If withholding and tax payments are not sufficient, you may incur penalties under IRS regulations.

Complete the following applicable lines:

- I elect not to have tax withheld from my pension or annuity. (Does not apply to foreign check address)
- I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances **and** marital status shown. (You may also designate an additional dollar amount on Line 3.)
 Marital status: Single Married Married, but withhold at higher single rate Enter number of allowances _____
- I want the following additional dollar amount withheld from each pension or annuity payment:
NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on Line 2. \$ _____
Enter amount

Section 9 — Withholding certificate signature (Not applicable for DROP Retirement)

Member's signature (Do not print or type)	Date signed (mm-dd-yyyy)
---	--------------------------