TRSL Teachers' Retirement System of Louisiana

Application for Service Retirement, ILSB, or DROP
(Form 11)

06-11
rev. 12/22

INSTRUCTIONS

Save time! Apply online by logging into your Member Access account at *www.TRSL.org* and selecting "Apply for retirement" under the "My Retirement" tab.

Applications can be submitted up to six months prior to your retirement date. Applications not properly completed can result in delay of retirement benefits. Your effective date of retirement is either the date the properly completed application is received or the day after employment ends, whichever is later.

Print in ink or type all entries except signatures. All applicants must complete Section 1, 2, 5, and 7. Depending on your election, you may also need to complete additional sections.

IMPORTANT:

- Write your Social Security number on each document submitted.
- If you have a reciprocal agreement with another Louisiana public retirement system, you must also contact them to apply for retirement/DROP with that system.

Section 1 — Retirement information

Check the appropriate retirement choice (only one). Enter date of retirement or DROP begin date in the blank provided.

Section 2 — Member information

Attach the following documents if you have not already submitted them to TRSL:

- ☐ Copy of your Social Security card*
- ☐ Copy of your birth certificate
- ☐ If previously divorced, copy of marriage certificate to current spouse, divorce decree of judgment of legal separation, including community property settlement*
- ☐ Copy of spouse's death certificate (past or present), if applicable

***Required before you will receive your *Affidavit of Retirement Election* (Form 11E/ED)**

Section 3 — Initial Lump-Sum Benefit (ILSB) information

If you select an ILSB retirement, TRSL will calculate an ILSB benefit with reduced monthly benefit amounts based on the lump-sum amount you specify. You can receive a lump sum of up to 36 months of your maximum option benefit amount. Select desired lump-sum amount. Additional withdrawal forms are required to withdraw funds from your ILSB account. Refer to the *DROP/ILSB Account Withdrawals* flyer at *www.TRSL.org* for instructions.

Section 4 — Annual COLA Option (ACO) information:

Complete this section only if you are considering an ACO. An ACO enables a retiring member to receive a guaranteed annual 2.5% cost-of-living adjustment (COLA) by accepting an actuarially REDUCED lifetime retirement benefit.

NOTE: If ACO is selected, you must be at least age 55 and retired for one year before a COLA increase is applied.

Section 5 — Beneficiary designation:

Enter beneficiary information in fields provided or write "No Beneficiary" in the name field if you do not wish to designate a retirement beneficiary.

Only one beneficiary can be designated for an option that provides a lifetime benefit for your beneficiary (Option 2, 2A, 3, 3A, 4, 4A). Option 1 is the only option under which you can designate more than one beneficiary. Complete Section 5A to designate additional Option 1 beneficiaries.

NOTE: At a later date, you will receive an affidavit of estimated benefits on which you will choose your retirement option.

Attach the following documents for designated beneficiaries:

- ☐ Copy of Social Security card for designated beneficiary(ies)
- ☐ Copy of birth certificate for designated beneficiary(ies)

Section 5A — Additional Option 1 beneficiary(ies): NOT applicable for ILSB

Enter additional Option 1 beneficiaries.

Section 6 — DROP/ILSB account beneficiary information

Designate beneficiary(ies) to receive payment from any funds remaining in your DROP or ILSB account at the time of your death. Choose and initial next to only one option.

- ☐ Submit *DROP or ILSB Account Spousal Consent* (Form 11G) if you are married and you do not designate your spouse to receive at least 50% of your DROP or ILSB account upon your death.

Section 7 — Signature of applicant: *REQUIRED*

Sign and date this section. Your signature is required for the application to be processed.

If you haven't already done so, discuss the following with your employer:

- Resignation, insurance deductions / eligibility, and payment of unused sick leave
- Certification of years of service
- Certification of sick leave and annual leave (if applicable)
- *Submission of Agency Certification* (Form 11B) after your last day of employment or DROP begin date

Other important reminders

Don't forget to attach the following documents:

- ☐ Copy of IRS Form W-4P, *Withholding Certificate for Periodic Pension or Annuity Payments*
- ☐ *Direct Deposit of Benefits* (Form 15D) - *NOT applicable for DROP*

TRSL Teachers' Retirement System of Louisiana

Application for Service Retirement, ILSB, or DROP (Form 11)

06-11
rev. 12/22

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	*web.master@trsl.org*	(225) 925-6366

TRSL USE ONLY
Employer number
Approved by:

Section 1 - Retirement information (MUST BE COMPLETED)

Check one:

☐ Service (06-11A) ☐ ILSB (06-11A5) ☐ DROP (06-11F)

Date of retirement/DROP begin date (*mm/dd/yyyy*)

Section 2 - Member information (MUST BE COMPLETED)

Name: Last, first, MI, suffix (Jr., III, etc.)

Your Social Security number (###-##-####)
An affidavit will be sent after we receive a copy of your card.

Street address / PO box

City, state, zip

Home/cell telephone (*include area code*)

Email address

Date of birth (*mm/dd/yyyy*) - *Attach proof of birth date*

Work telephone (*include area code*)

Job title

Name of employer

Months of contract

Spouse's Social Security number (###-##-####)
An affidavit will be sent after we receive a copy of your card.

Check one: (Please attach applicable documents, such as judgments of divorce, death certificate, etc.)

☐ Never married ☐ Married ☐ Divorced* ☐ Re-married ☐ Legally separated* ☐ Widowed*

Current spouse's name: Last, first, MI, suffix (Jr., III, etc.)

Spouse's date of birth (mm/dd/yyyy) - *Attach proof of birth date*

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 - Beneficiary designation - *At a later date, you will receive an affidavit of estimated benefits on which you will choose your retirement option.*

Name: Last, first, MI, suffix (Jr., III, etc.) If no beneficiary desired, enter "No Beneficiary." DO NOT LEAVE BLANK.

Beneficiary's Social Security number (###-##-####)
An affidavit will be sent after we receive a copy of card.

Street address / PO box

City, state, zip

Date of birth (*mm/dd/yyyy*) - *Attach proof of birth date*

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
$ .00

Relationship

See reverse to complete and sign application.

Your Social Security number

06-11
rev. 12/22

Section 5A - Additional Option 1 beneficiaries *(NOT applicable for ILSB retirement)*

Name: Last, first, MI, suffix (Jr., III, etc.) Street address / PO box City, state, zip	☐ Primary ☐ Contingent _____ %	Social Security number (###-##-####) - *Attach copy of card* Date of birth (*mm/dd/yyyy*) Relationship
Name: Last, first, MI, suffix (Jr., III, etc.) Street address / PO box City, state, zip	☐ Primary ☐ Contingent _____ %	Social Security number (###-##-####) - *Attach copy of card* Date of birth (*mm/dd/yyyy*) Relationship
Name: Last, first, MI, suffix (Jr., III, etc.) Street address / PO box City, state, zip	☐ Primary ☐ Contingent _____ %	Social Security number (###-##-####) - *Attach copy of card* Date of birth (*mm/dd/yyyy*) Relationship

☐ Check here if additional beneficiary forms submitted.

Section 6 - DROP/ILSB account beneficiaries *(Complete ONLY if you elect to participate in DROP or ILSB.)*

Choose and initial next to only one option:

_____I wish to designate my spouse listed in Section 2 as sole beneficiary of my DROP/ILSB account.

_____I will complete a *Beneficary Designation for DROP and ILSB Accounts* (Form 3B) to designate my DROP/ILSB account beneficiary(ies). By initialing next to this option, I understand that if I fail to submit a completed Form 3B prior to my date of death and I am not married, 100% of my account balance will be paid to my estate; or if I am married, 50% of my account balance will be paid to my spouse and the remaining funds will be paid to my estate.

REQUIRED **Section 7**- 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 5. 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*)
▶	

NOTE: A *Direct Deposit of Benefits* (Form 15D) is also required. Please complete and submit to TRSL. (Not applicable for DROP retirement.)