



Teachers' Retirement System of Louisiana

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Form 11G (04/18)

05-11G

DROP or ILSB Account Spousal Consent

Original signatures required. Submit original form ONLY. No copies, faxes, or scans are accepted.

Print in ink or type all entries except signatures. This form must be completed whenever a Deferred Retirement Option Plan (DROP) participant or Initial Lump-Sum Benefit (ILSB, formerly Option 5) retiree has not designated their spouse to receive at least 50 percent of the DROP or ILSB account and/or they have chosen a method of withdrawal other than life expectancy. The DROP participant or ILSB retiree must complete Sections 1 and 2. Section 3 must be completed in the presence of a notary.

Section 1 — DROP Participant / ILSB Retiree

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

Social Security number

Grid for Social Security number entry

Section 2 — Spouse

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

Social Security number

Grid for Social Security number entry

Section 3 — Spousal Consent Information

State of _____

Parish / County of _____

BEFORE ME, the undersigned authority, personally came and appeared _____ (spouse) who, after being duly sworn, deposed and said:

That spouse acknowledges that he/she is fully aware that the above-named DROP participant or ILSB retiree has designated someone other than the spouse as beneficiary(ies) of DROP participant's DROP account or the retiree's ILSB account with Teachers' Retirement System of Louisiana (TRSL), and that spouse hereby consents to such designation(s) and expressly consents to any subsequent change(s) of designation(s) by the DROP participant or ILSB retiree without any requirement of further consent by spouse.

That, pursuant to the above consent, the spouse understands that, upon DROP participant's or ILSB retiree's death, TRSL will pay all funds in the aforesaid DROP or ILSB account to the beneficiary(ies) designated as of the date of death, and that such payment shall discharge all obligations of TRSL with regard to these funds, and shall constitute a release of all accrued rights of every kind and nature against TRSL.

That spouse acknowledges that he/she is fully aware that his/her spouse, the above-named DROP participant or ILSB retiree, may select a method of withdrawal from DROP participant's DROP account or retiree's ILSB account other than an annual or monthly amount over DROP participant's or ILSB retiree's life expectancy; that spouse hereby consents to DROP participant's or ILSB retiree's selection of any withdrawal method not based upon their life expectancy and expressly consents to any subsequent change(s) in the method of withdrawal by DROP participant or retiree, including a total withdrawal of the balance of the DROP or ILSB account at any time, without the requirement of further consent by the spouse.

That the sole purpose of the above consent is to comply with applicable provisions of the Internal Revenue Code and LSA-R.S. 11:784, and that nothing contained herein is intended to affect any other rights the spouse may have in or to the aforesaid DROP or ILSB account.

That spouse hereby agrees to notify TRSL or its successor immediately in the event of DROP participant's or ILSB retiree's death. The spouse further agrees to refund any payment received from the DROP or ILSB account to which the spouse was not entitled.

Signature of Spouse

SWORN TO AND SUBSCRIBED before me, Notary Public in and for the parish / county and state aforesaid, this _____ day of

_____, 20____ (year)

Notary Public Identification/Bar Roll Number

Notary Public name, printed

Notary Public signature