



Teachers' Retirement System of Louisiana

8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017

PO Box 94123 • Baton Rouge, LA 70804-9123

Telephone: (225) 925-6446

Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)

www.TRSL.org • web.master@trsl.org

Form 11G-1 (04/18)

05-11G-1

DROP or ILSB Retiree Spousal Consent to Withdrawal Method

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) retiree has 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 / ILSB Retiree

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

Social Security number

Grid for Social Security number

Section 2 — Spouse

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

Social Security number

Grid for Social Security number

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 / ILSB retiree has selected a method of withdrawal from a DROP or ILSB account with Teachers' Retirement System of Louisiana (TRSL) other than an annual or monthly amount over the retiree's life expectancy and expressly consents to this selection and to any subsequent change(s) in the method of withdrawal by retiree, including a total withdrawal of the balance of the account at any time, without the requirement of further consent by spouse. Spouse acknowledges that he/she has the right to limit this consent to a specific withdrawal method, and spouse expressly waives that right.

That, pursuant to the above consent, spouse acknowledges that payment to DROP / ILSB retiree under his/her selected method of withdrawal 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 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 spouse may have in or to the aforesaid account.

That spouse hereby agrees to notify TRSL or its successor immediately in the event of retiree's death. The spouse further agrees to refund any payment received from the 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