



Teachers' Retirement System of Louisiana

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Form 11J (04/18)

05-11J

Do not use if you are 70 1/2 or older.

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

DROP or ILSB Retiree Withdrawal Method Selection

Print in ink or type all entries except signatures. You must complete Sections 1 through 6, as applicable. This form must be received by the Teachers' Retirement System of Louisiana (TRSL) at least 30 days before the disbursement of funds. Distributions from the accounts will be issued by TRSL on the 15th of each month. Total account balance distributions may be requested at any time after monthly or annual withdrawals have begun.

Section 1 — Retiree information

Name: Last, first, MI, suffix (Jr., III, etc.)
Social Security number
Daytime telephone
Evening telephone
Marital status
Single Married Divorced Legally separated Widowed
Have you married since entering DROP or since retiring under ILSB?
If yes, date of marriage Spouse's name

Complete only if check is to be mailed to address other than home address on file.

Check address: Street / P.O. Box
Home address: Street / P.O. Box
City, state, zip

Section 2 — I hereby select a method for withdrawal of funds in my account held by TRSL.

A Form 11G-1 must also be completed whenever a DROP or ILSB retiree is married and has chosen a method of withdrawal other than life expectancy.

Check and fill out ONLY ONE of the following withdrawal methods: A, B, or C.

A. The following withdrawal methods are subject to mandatory 20% federal income tax withholding unless the distribution is directly rolled over by TRSL to an IRA or qualified retirement plan.
B. The following withdrawal methods are subject to voluntary federal income tax withholding.
C. The following partial single-sum withdrawal method requires that you receive part of your account in one sum and the remaining balance of the account monthly or annually.

I have received the Special Tax Notice concerning rollovers. I certify that the information I have entered on this form is true, correct, and complete.

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

You must sign this page. You must then complete the relevant tax information on the reverse side that is applicable to your withdrawal election. You must sign the reverse and have the signatures of two witnesses.

Retiree's Social Security number

Grid for Social Security number

Section 3 — Withdrawals eligible for rollover

- I do not want any of my distribution to be directly rolled over by TRSL.
I do want to have all of my distribution directly rolled over to the IRA or qualified retirement plan named in Section 4.
I do want to have \$ (must be greater than \$500) of my distribution or partial lump-sum directly rolled over to the IRA or qualified plan named in Section 4 and the balance paid directly to me.

Section 4 — United States financial institution to which rollover(s) will be sent

Rollover must be equal to \$200 or more, or if less than 100% rollover, \$500 or more.

Form for United States financial institution to which rollover(s) will be sent, including fields for Name and title of contact person, Account number, Name of financial institution, Type of plan, Street / P.O. Box, Daytime telephone, City, State, and Zip.

Section 5 — Periodic withdrawals for life or 10 years or longer — not eligible for rollover

The amount of withholding on the monthly distribution is dependent on the number of allowances claimed. Form W-4P below must be completed to notify TRSL of your tax filing status.

Form W-4P — Withholding Certificate for Pension or Annuity Payments

Complete the following applicable lines:

- 1. I elect not to have income tax withheld from my pension or annuity.
2. I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown.
3. I want the following additional amount withheld from each pension or annuity payment.

Section 6 — Retiree's signature and witnesses

My signature authorizes the elections as indicated above.

Form for Retiree's signature and witnesses, including fields for Retiree's signature, Date signed, Signature of witness, and Street / P.O. Box, City, state, zip.