



**Teachers' Retirement System of Louisiana**  
 8401 United Plaza Boulevard • Baton Rouge, LA 70809-7017  
 Phone: (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 11K (04/18)

**05-11K**

**Do not use for spouse.**

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

## DROP or ILSB Retiree Nonspousal Beneficiary Request for Withdrawal Selection

**Print in ink or type all entries except signatures.** Sections 1 through 4 must be completed by the non-spousal beneficiary. Account distribution will be issued by Teachers' Retirement System of Louisiana (TRSL) on the 15th day of the month. This form must be received by TRSL at least 30 days before the disbursement of funds.

### Section 1 — Beneficiary information

I hereby make application for the return of funds held in the account standing to the credit of the deceased retiree named below.

Deceased retiree's name: Last, first, MI, suffix (Jr., III, etc.)

<p>Retiree's Social Security number</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">Retiree's date of birth</p> <p style="text-align: center;">____/____/____ mm-dd-yyyy</p>																					<p>Beneficiary's Social Security number</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; font-size: small;">Attach copy of card</p> <p style="text-align: center;">Beneficiary's date of birth</p> <p style="text-align: center;">____/____/____ mm-dd-yyyy</p>																				

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

<p>Beneficiary's daytime telephone</p> <p>(       )</p> <p>Beneficiary's check address: Street / P.O. Box</p> <p>City, state, zip</p>	<p>Beneficiary's evening telephone</p> <p>(       )</p> <p>Beneficiary's home address: Street / P.O. Box</p> <p>City, state, zip</p>
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### Section 2 — Total account balance

An inherited IRA must be established in a manner that identifies it as an IRA with respect to the deceased individual and the beneficiary.  
 Example: "Tom Smith as a beneficiary of John Smith."

Check ONE of the following:

- I **do not want** any of my distribution to be directly rolled over by TRSL. *A mandatory 20% federal income tax withholding applies.*
- I **do want** to have all of my distribution directly rolled over to the IRA named in Section 3.
- I **do want** to have \$\_\_\_\_\_ (amount must be greater than \$500) of my distribution directly rolled over to the IRA named in Section 3 and the balance paid directly to me. *A mandatory 20% federal income tax withholding applies to the balance paid to the beneficiary.*

### Section 3 — 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.

Name and title of contact person	Inherited IRA account number
Name of financial institution	Daytime telephone (       )
Street / P.O. Box	
City, state, zip	

### Section 4 — Beneficiary signature and witnesses

My signature authorizes the elections as indicated above. 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.

Beneficiary's signature (Do not print or type.)	Date signed (mm-dd-yyyy)
<b>Must be witnessed</b>	
Signature of witness (Do not print or type.)	Signature of witness (Do not print or type.)
Street/ P.O. Box	Street/ P.O. Box
City, state, zip	City, state, zip

**This form is designed for general use only. TRSL may require more information for your particular situation.**