



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge 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 11K-P (04/18)

05-11KP

Use for alternate payees ONLY.

DROP or ILSB Retiree Alternate Payee Receiving Split Benefit as a Result of Divorce

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

Print in ink or type all entries except signatures. This form must be received by the Teachers' Retirement System of Louisiana (TRSL) before payments can be made to the alternate payee. Distributions from the accounts will be issued by TRSL on the 15th day of each month.

Section 1 — Alternate payee information

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

Member's Social Security number				Alternate Payee's Social Security number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alternate payee's name: Last, first, MI, suffix (Jr., III, etc.)				Alternate payee's daytime telephone ()		Alternate payee's evening telephone ()	
Alternate payee's check address: Street / P.O. Box				Alternate payee's home address: Street / P.O. Box			
City, state, zip				City, state, zip			

Withdrawal section

Consult the *Special Tax Notice* which has been provided to you.

The withdrawal method indicated below was chosen by the member and reflects your portion of the benefit resulting from a judgment granted by the court. The withdrawal method may be changed by the member and will cease upon the death of the member. Follow the instructions given for the method that has been filled in.

Withdrawal method _____ Amount _____

Periods _____ Rollover eligible? Yes No

Partial single-sum amount _____ (If this is rollover eligible, you must complete Section 2.)

Based on the above, you must complete Section(s) 2 3 4

Section 2 — Account balance withdrawals and periodic withdrawals lasting less than 10 years

Check ONE of the following:

- 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 3.
- I **do want** to have \$_____ (amount must be greater than \$500) of my distribution directly rolled over to the IRA or qualified plan named in Section 3 and the balance paid directly to me. (The mandatory 20% withholding will apply to the balance paid to the alternate payee.)

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.

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

You must complete and sign the applicable information on the reverse side.

Retiree's Social Security number

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Section 3 — United States financial institution to which rollover 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	Account number
Name of financial institution	Type of plan (IRA, etc.)
Street / P.O. Box	Daytime telephone ()
City, state, zip	

Section 4 — 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 exemptions claimed. Form W-4P below must be completed to notify TRSL of your tax filing status. You may choose not to have income tax withholdings deducted from your benefit. If you do not complete the W-4P, TRSL must withhold income tax according to a tax status of married with three exemptions. This may result in your not having enough income tax withheld. If withholding and estimated tax payments are not sufficient, you may incur penalties under IRS regulations.

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

Complete the following applicable lines:

- I elect not to have income tax withheld from my pension or annuity. **Note: Does not apply to a foreign check address.** (Do not complete lines 2 or 3.)
- I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an amount on line 3.) _____
Enter number of allow-
ances

Marital status: Single Married Married, but withhold at the higher Single rate

- I want the following additional amount withheld from each pension or annuity payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2. \$ _____
Enter amount

Alternate payee's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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**This form is designed for general use only.
TRSL may require more information for your particular situation.**