



Teachers' Retirement System of Louisiana

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Form 11K-S (04/18)

05-11KS

Use for spouse only
when withdrawals
have not yet begun.

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

DROP or ILSB Retiree Spousal Beneficiary Request for Withdrawal Selection

Print in ink or type all entries except signatures. Sections 1 through 6, as applicable, must be completed by the spouse if withdrawals have not yet begun. This form must be received by the Teachers' Retirement System of Louisiana (TRSL) before payments can be made to the spouse. Distributions from the accounts will be issued by TRSL on the 15th day of each month. Total account balance distributions may be requested at any time after monthly or annual withdrawals have begun.

Section 1 — Spouse information

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

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

Form with fields for Retiree's Social Security number, Retiree's date of death, Spouse's Social Security number, Spouse's name, Spouse's daytime telephone, Spouse's evening telephone, Spouse's check address, Spouse's home address, City, state, zip.

Section 2 — Withdrawal section

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. Section 3 on the reverse must be completed if one of these methods is chosen.

- Options for Total account balance withdrawal, Annual fixed amount paid over a period of less than 10 years, and Monthly fixed amount paid over a period of less than 10 years.

B. The following withdrawal methods are subject to voluntary federal income tax withholding.

- Options for Annual fixed amount paid over life expectancy or any period of 10 years or more, and Monthly fixed amount paid over life expectancy or any period of 10 years or more.

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. The initial single-sum amount is subject to mandatory 20% federal income tax withholding unless the distribution is directly rolled over by TRSL to an IRA or qualified retirement plan. If the balance is withdrawn over a period of less than 10 years, it will also be subject to mandatory 20% federal income tax withholding unless the distribution is directly rolled over by TRSL to an IRA or qualified plan. If the balance is withdrawn over a period of 10 years or more it will be subject to voluntary federal income tax withholding.

Partial single-sum withdrawal - If this option is chosen, you MUST receive the remaining funds either monthly or annually. The first monthly or annual withdrawal will begin when the partial single-sum withdrawal is made. Section 3 on the reverse must be completed.

Amount \$ _____ Date begin withdrawal _____

I elect to receive the remaining balance as follows:

- Options for Annual fixed amount paid over a period of less than 10 years, Monthly fixed amount paid over a period of less than 10 years, Annual fixed amount paid over life expectancy or any period of 10 years or more, and Monthly fixed amount paid over life expectancy or any period of 10 years or more.

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.

Spouse's signature (Do not print or type) and Date signed (mm-dd-yyyy) fields.

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 — Total 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 4.
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.

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 financial institution details including 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 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 exemptions 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 — Spouse's signature and witnesses

My signature authorizes the elections as indicated above.

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

Must be witnessed by persons other than beneficiary(ies)

Signature of witness (Do not print or type), Signature of witness (Do not print or type), Street / P.O. Box, City, state, zip