



DROP or ILSB Retiree or Beneficiary's Estate or Successor's Request for Withdrawal (Form 11KE)

05-11KE
rev. 12/22

| HOW TO SUBMIT: | DROP OFF | MAIL |
|----------------|---|---|
| | 8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809 | PO Box 94123 Baton Rouge LA 70804-9123 |

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

Print in ink or type all entries except signatures. Sections 1 through 3 must be completed by the estate representative or estate successor (intestate heir or testamentary legatee). This form must be received by TRSL at least 30 days before the disbursement of funds.

Section 1 — Estate or successor's information

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

| | | |
|---|--|--------------------------------------|
| Deceased member's name: Last, first, MI, suffix (Jr., III, etc.) | Date of birth (mm/dd/yyyy) | Social Security number (###-##-####) |
| Estate name OR estate successor's name: Last, first, MI, suffix (Jr., III, etc.) | Estate EIN/estate successor's Social Security number (###-##-####) | |
| Estate representative's name: Last, first, MI, suffix (Jr., III, etc.) | Estate successor's date of birth (mm/dd/yyyy) — if successor applying directly | |
| Applicant's daytime telephone (include area code) | Applicant's email address | |
| Applicant's mailing address: Street / PO box | City, state, zip | |
| Preferred address to mail check (if other than mailing address): Street / PO box | City, state, zip | |

Section 2 — Withholding certificate for nonperiodic payments

TRSL will withhold 10% in federal income taxes from this distribution **unless you submit an IRS Form W-4R** to indicate a different percentage for federal income tax withholding. The percentage you choose could result in your not having enough tax withheld. If withholding and tax payments are not sufficient, you could incur penalties under IRS regulations.



Section 3 — Estate representative/estate successor's signature and witnesses

I understand that the funds distributed to me are not rollover eligible and are subject to 10% federal income withholding tax, unless I submit an IRS Form W-4R as specified in Section 2. I certify that the information I entered on this form is true, correct, and complete.

| | |
|---|--------------------------|
| Estate representative/estate successor's signature (DO NOT PRINT OR TYPE) | Date signed (mm/dd/yyyy) |
| ▶ | |

Must be witnessed by two persons

| | | | |
|---|---|-----------------|------------------|
| Signature of witness (DO NOT PRINT OR TYPE) | Signature of witness (DO NOT PRINT OR TYPE) | | |
| ▶ | ▶ | | |
| Name of witness (Please print or type) | Name of witness (Please print or type) | | |
| Street / PO box | City, state, zip | Street / PO box | City, state, zip |

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