



# Spousal Consent for DROP/ILSB Beneficiary Designation (Form 11G)

05-11G  
rev. 08/25

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

**Original signatures required.  
No copies, faxes, or scans accepted.**

Print in ink or type all entries except signatures. This form must be completed whenever a Deferred Retirement Option Plan (DROP) participant or Initial Lump-Sum Benefit (ILSB) retiree has not designated their spouse to receive at least 50% of the DROP or ILSB account. If you are married, your spouse must receive at least 50% of your account balance, unless a completed *Spousal Consent* (Form 11G) is submitted prior to your date of death.

You do not have to complete a *Spousal Consent* (Form 11G) if you have designated your spouse to receive 50% or more of your account balance. If you have not designated your spouse to receive 50% or more of your account balance, and a completed Form 11G is not received, your DROP/ILSB Beneficiary Designation will not be processed. The DROP participant or ILSB retiree must complete Sections 1 and 2. Section 3 must be completed by the spouse of the DROP participant or ILSB retiree in the presence of a notary.

## Section 1 - DROP participant / ILSB retiree

Name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number (###-##-####)

## Section 2 - Spouse

Name: Last, first, MI, suffix (Jr., III, etc.)

Spouse's Social Security number (###-##-####)

## Section 3 - Spousal consent information (must be completed in the presence of a notary)

State of \_\_\_\_\_

Parish/county of \_\_\_\_\_

BEFORE ME, the undersigned authority, personally came and appeared \_\_\_\_\_ (spouse) who, after being duly sworn, deposed and said:

That spouse acknowledges that he/she is fully aware that the above-named DROP participant or ILSB retiree has designated someone other than the spouse as beneficiary(ies) of a DROP or ILSB account with the Teachers' Retirement System of Louisiana (TRSL), that the effect of that designation is that spouse will not receive 50% or more of the balance of the DROP or ILSB account, and that spouse hereby consents to such designation(s) **and** expressly consents to any subsequent change(s) of designation(s) by the DROP participant or ILSB retiree without any requirement of further consent by spouse. Spouse acknowledges that he/she has the right to limit this consent to a specific beneficiary designation, and spouse expressly waives that right.

That, pursuant to the above consent, the spouse understands that, upon the death of the DROP participant or ILSB retiree, TRSL will pay all funds in the aforesaid DROP or ILSB account to the beneficiary(ies) designated as of the date of death, and that such payment shall discharge all obligations of TRSL with regard to these funds, and shall constitute a release of all accrued rights of every kind and nature against TRSL.

That the sole purpose of the above consent is to comply with applicable provisions of the Internal Revenue Code and LSA-R.S. 11:784, and that nothing contained herein is intended to affect any other rights the spouse may have in or to the aforesaid DROP or ILSB account.

That spouse hereby agrees to notify TRSL or its successor immediately in the event of DROP participant's or ILSB retiree's death. The spouse further agrees to refund any payment received from the DROP or ILSB account to which the spouse was not entitled.

► \_\_\_\_\_  
Signature of spouse

SWORN TO AND SUBSCRIBED before me, Notary Public in and for the parish/county and state aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public identification/Bar roll number

\_\_\_\_\_  
Notary Public name (print)

► \_\_\_\_\_  
Notary Public (signature)