



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

05-11KE
rev. 09/22

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

Because this distribution is not rollover eligible, please choose from the following options for federal tax withholding. If you do not fill out this section, TRSL will withhold 10% in federal income taxes from this distribution. This could result in you not having enough tax withheld. If withholding and tax payments are not sufficient, you could incur penalties under IRS regulations.

Check ONLY ONE of the following:

- I elect not to have tax withheld from this distribution. **Does not apply to foreign check addresses.**
- I elect to have 10% withheld from this distribution.
- I elect to have 10% and the following additional dollar amount withheld from this distribution: \$ _____ (Enter amount)

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 otherwise 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.