

## **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<br>Baton Rouge LA 70809 | PO Box 94123<br>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.

| Soction 1 Fetate on  | cuccoccor's information  |  |  |  |
|--|--|--|--|--|
|  | successor's information  |  |  |  |
|  |  | _  | deceased retiree/beneficiary named below.                                      |  |
| Deceased member's name: La   | st, first, MI, suffix (Jr., III, etc.)   | Date of birth (mm/dd/yyyy)   | Social Security number (###-##-####  |  |
| Estate name <b>OR</b> estate success   | sor's name: Last, first, MI, suffix (Jr., III, etc.)                             | Estate EIN/estate successor's Social So  | 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/  | Estate successor's date of birth (mm/dd/yyyy) — if successor applying directly |  |
| Applicant's daytime telephone  | e (include area code)  | Applicant's email address  | Applicant's email address  |  |
| Applicant's mailing address: St  | treet / PO box   | City, state, zip   | City, state, zip   |  |
| Preferred address to mail check (if other than mailing address): Street / PO box |  | x City, state, zip   | City, state, zip   |  |
| Section 2 — Withhold   | ling certificate for nonperiodic payme   | ents   |  |  |
| different percentage fo  | or federal income tax withholding. Th  | istribution <i>unless you submit an IRS</i><br>ne percentage you choose could result<br>cient, you could incur penalties under | in your not having enough  |  |
| Section 3 — Estate re  | oresentative/estate successor's signat   | ure and witnesses  |  |  |
| I understand that the f<br>submit an IRS Form W-                                 | unds distributed to me are not rollov<br>4R as specified in Section 2. I certify | er eligible and are subject to 10% fed<br>that the information I entered on this   | leral income withholding tax, unless I<br>form is true, correct, and complete. |  |
| Estate representative/estate successor's signature (DO NOT PRINT OR TYPE)        |  | Date signed (mm/dd/yyyy)   | Date signed (mm/dd/yyyy)   |  |
| Must be witnessed b  | y two persons  |  |  |  |
| Signature of witness (DO NOT PRINT OR TYPE)                                      |  | Signature of witness (DO NOT PRIN  | Signature of witness (DO NOT PRINT OR TYPE)                                    |  |
| <b>•</b>   |  | <b>&gt;</b>  | <b>&gt;</b>  |  |
| Name of witness (Please print  | or type)   | Name of witness (Please print or ty  | (pe)   |  |
| 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.