



DROP or ILSB Retiree Spousal Consent to Withdrawal Method (Form 11G-1)

05-11G1
rev. 11/20

| 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 chosen a method of withdrawal **other than** life expectancy. The DROP participant or ILSB retiree must complete Sections 1 and 2. Section 3 must be completed in the presence of a notary.

Section 1 - DROP / ILSB retiree

| | |
|--|--------------------------------------|
| Name: Last, first, MI, suffix (Jr., III, etc.) | Social Security number (###-##-####) |
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Section 2 - Spouse

| | |
|--|---|
| Name: Last, first, MI, suffix (Jr., III, etc.) | Spouse's Social Security number (###-##-####) |
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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 / ILSB retiree has selected a method of withdrawal from a DROP or ILSB account with the Teachers' Retirement System of Louisiana (TRSL) other than an annual or monthly amount over the retiree's life expectancy and expressly consents to this selection **and** to any subsequent change(s) in the method of withdrawal by retiree, including a total withdrawal of the balance of the account at any time, without the requirement of further consent by spouse. Spouse acknowledges that he/she has the right to limit this consent to a specific withdrawal method, and spouse expressly waives that right.

That, pursuant to the above consent, spouse acknowledges that payment to DROP participant / ILSB retiree under his/her selected method of withdrawal 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 spouse may have in or to the aforesaid 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 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) |
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