



Termination of Employment at End of DROP Participation/Employment (Form 11H)

05-11H
rev. 11/20

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX	Reviewed by Processing
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-6366	

SAVE TIME! Apply online through Member Access at www.TRSL.org. Select "Apply for retirement" under the "My Retirement" tab.

Print in ink or type all entries except signatures. Complete Sections 1–5 of this form if you are ready to terminate employment and retire (either during or after DROP participation). If you continue employment after DROP, you will be automatically re-enrolled in TRSL. Your retirement may be canceled prior to negotiating any benefit check, including estimated benefit payments. An acknowledgment letter will be sent within two weeks from the receipt of your application. If you do not receive an acknowledgment letter, contact TRSL.

Section 1 - Member information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Street/PO box	City, state, zip
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Re-married <input type="checkbox"/> Legally separated <input type="checkbox"/> Widowed	Have you divorced or legally separated from a spouse since entering DROP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Daytime telephone (include area code)	Email address
Name of current or last employer	Job title
Have you changed employers during DROP participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Months of employment contract: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12

Section 2 - Effective date of retirement

The date you select here will be the date you wish your retirement to begin. This date will normally be the day following your last day of DROP participation; the day following your last day of employment after DROP participation; or the last day of leave, whichever is later.	Retirement date (mm/dd/yyyy)	For TRSL use only <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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Section 3 - Withholding certificate for pension or annuity payments (Form W-4P)

The amount of withholding on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform TRSL of your tax filing status. You can choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions which could result in your not having enough tax withheld. If withholding and tax payments are not sufficient, you could incur penalties under IRS regulations. **Complete the following applicable lines:**

<input type="checkbox"/> 1. I elect not to have tax withheld from my pension or annuity. Does not apply to foreign check address.	
<i>If you checked #1, do not complete #2 or #3 below. To complete #2, you must uncheck box #1, select a marital status, AND enter number of allowances.</i>	
2. I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on Line 3.) Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate	Enter number of allowances <hr style="width: 50px; margin: 0 auto;"/>
3. I want the following additional dollar amount withheld from each pension or annuity payment: (NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on Line 2.)	\$ <hr style="width: 50px; margin: 0 auto;"/> Enter amount

Section 4 - Direct deposit notification

I have completed Form 15D (Direct Deposit of Benefits) and will submit it to TRSL.

Section 5 - Member signature

I hereby certify that I plan to begin my retirement on the date specified in Section 2 above. Upon retirement, I will begin receiving a monthly retirement benefit based upon the retirement option selected at the time I entered the DROP program. The monthly benefit may be adjusted by an additional amount based on my accumulated unused leave that is available for conversion to retirement credit and any additional service credit earned after the end of DROP participation. I understand that Internal Revenue Code Section 401(a)(9) requires that I begin withdrawing my DROP account funds upon termination of employment. I understand that I should receive an acknowledgment letter by mail approximately two weeks from the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL.

Member's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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