



DROP or ILSB Retiree Withdrawal Method Selection (Form 11J)

05-11J
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

**Submit ORIGINAL form ONLY.
No copies, faxes, or scans accepted.**

Print in ink or type all entries except signatures. You must complete Sections 1 through 6, as applicable. This form must be received by TRSL at least 30 days before the disbursement of funds. Distributions from the accounts will be issued by TRSL on the 15th of each month. **Total account balance distributions may be requested at any time after monthly or annual withdrawals have begun.**

Section 1 - Retiree information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Street/PO box	Daytime telephone (include area code)
City, state, zip	Email address

Marital status: Single Married Divorced Legally separated Widowed

Have you married since entering DROP or retiring under ILSB? Yes No If yes, date of marriage _____ Spouse's name: _____

Check if payment should be mailed to an address other than home address on file. **Alternate payment address:** Street / PO box _____ City, state, zip _____

Section 2 - Withdrawal section (Check & fill out ONLY ONE of the following withdrawal options: A, B, or C.)

I hereby select a withdrawal option for the funds in my account held by TRSL. (Form 11G-1 must also be completed whenever a DROP or ILSB retiree is married and has chosen an option of withdrawal other than life expectancy.)

OPTION A	OPTION B
<p>Option A withdrawal methods are subject to mandatory 20% federal income tax withholding unless the distribution is directly rolled over by TRSL to an IRA or qualified retirement plan. Section 3 on the reverse must be completed if one of these methods is chosen.</p> <p><input type="checkbox"/> Total account balance withdrawal</p> <p><input type="checkbox"/> Annual fixed amount paid over a period of less than 10 years: Annual amount \$ _____ Date begin _____</p> <p><input type="checkbox"/> Monthly fixed amount paid over a period of less than 10 years: Monthly amount \$ _____ Date begin _____</p>	<p>Option B withdrawal methods are subject to voluntary federal income tax withholding:</p> <p><input type="checkbox"/> Annual fixed amount paid over life expectancy or any period of 10 years or more: Annual amount \$ _____ Date begin _____</p> <p><input type="checkbox"/> Monthly fixed amount paid over life expectancy or any period of 10 years or more: Monthly amount \$ _____ Date begin _____</p>

OPTION C

The Option C partial single-sum withdrawal method requires that you receive part of your account in one sum and the remaining balance of the account monthly or annually. The initial single-sum amount is subject to mandatory 20% federal income tax withholding unless the distribution is directly rolled over by TRSL to an IRA or qualified retirement plan. If the balance is withdrawn over a period of less than 10 years, it will also be subject to mandatory 20% federal income tax withholding unless the distribution is directly rolled over by TRSL to an IRA or qualified retirement plan. If the balance is withdrawn over a period of 10 years or more, it will be subject to voluntary federal income tax withholding.

Partial single-sum withdrawal - If this option is chosen, you MUST receive the remaining funds either monthly or annually. The first monthly or annual withdrawal will begin when the partial single-sum withdrawal is made.

Amount \$ _____ Date begin withdrawal _____ **Complete Section 3 on reverse.**

I elect to receive the remaining balance as follows:

Annual fixed amount paid over a period of less than 10 years: Annual amount \$ _____ **Complete Section 3 on reverse.**

Annual fixed amount paid over life expectancy or period of 10 years or more: Annual amount \$ _____

Monthly fixed amount paid over a period of less than 10 years: Monthly amount \$ _____ **Complete Section 3 on reverse.**

Monthly fixed amount paid over life expectancy or period of 10 years or more: Monthly amount \$ _____

I have received TRSL's brochure, *Special Tax Notice* concerning rollovers. I certify that the information I entered on this form is true, correct, and complete.

REQUIRED: Retiree's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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If applicable to your withdrawal election, you must complete tax information on reverse side, including your signature and signatures of two witnesses.

Retiree's Social Security number

Section 3 - Withdrawals eligible for rollover (Check ONLY ONE of the following):

- I **DO NOT** want any of my distribution to be directly rolled over by TRSL. A mandatory 20% federal income tax withholding applies.
- I **DO** want to have all of my distribution directly rolled over to the qualified retirement plan named in Section 4.
- I **DO** want to have \$_____ (amount must be greater than \$500) of my distribution or partial lump-sum directly rolled over to the qualified retirement plan named in Section 4 and the balance paid directly to me. The mandatory 20% withholding will apply to the balance paid to the member.

Section 4 - United States financial institution to which rollover(s) will be sent

The rollover must be at least \$200. If you are rolling over less than 100%, the rollover must be at least \$500.

Name and title of contact person	Account number	
Name of financial institution	Type of plan (IRA, 403(b), 457, 401(k), etc.)	
Street address / PO box	Daytime telephone (include area code)	
City	State	Zip

Section 5 - Periodic withdrawals for life or 10 years or longer (NOT ELIGIBLE FOR ROLLOVER)

The amount of withholding on your distribution 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 distribution. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions. This 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:**

1. I elect not to have tax withheld from my pension or annuity. **Does not apply to foreign check address.**

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.

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
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.)	\$_____ Enter amount

Section 6 - Retiree's signature and witnesses

My signature authorizes the elections as indicated above.

Retiree's signature (Do not print or type) ▶	Date signed (mm/dd/yyyy)
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Must be witnessed by two persons other than beneficiary(ies)

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	Street / PO box
City, state, zip	City, state, zip

This form is designed for general use only. TRSL may require more information for your particular situation.