



DROP or ILSB Retiree Nonspousal Beneficiary Request for Withdrawal Selection (Form 11K) • DO NOT USE FOR SPOUSE

05-11K
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. Sections 1 through 4 must be completed by the non-spousal beneficiary. Account distribution will be issued by TRSL on the 15th day of the month. This form must be received by TRSL at least 30 days before the disbursement of funds.

Section 1 - Beneficiary information

I hereby make application for the return of funds held in the account standing to the credit of the deceased retiree named below.

Deceased retiree's name: Last, first, MI, suffix (Jr., III, etc.)	Retiree's Social Security number (###-##-####)	Retiree's date of birth (mm/dd/yyyy)
Beneficiary's name: Last, first, MI, suffix (Jr., III, etc.)	Beneficiary's Social Security number (###-##-####)	Beneficiary's date of birth (mm/dd/yyyy)
Beneficiary's daytime telephone (include area code)	Beneficiary's email address	
Beneficiary'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 - Total account balance (Check ONLY ONE of the following)

An inherited IRA must be established in a manner that identifies it as an IRA with respect to the deceased individual and the beneficiary.
EXAMPLE: "Tom Smith as a beneficiary of John Smith"

- 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 inherited IRA named in Section 3.
- I **DO** want to have \$ _____ (amount must be greater than \$500) of my distribution directly rolled over to the inherited IRA named in Section 3 and the balance paid directly to me. A mandatory 20% federal income tax withholding applies to the balance paid to the beneficiary.

Section 3 - 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	Inherited IRA account number
Name of financial institution	Daytime telephone (include area code)
Street address / PO box	City, state, zip

Section 4 - Beneficiary's signature and witnesses

I have received TRSL's brochure, *Special Tax Notice* concerning rollovers. My signature authorizes the elections as indicated above.

Beneficiary'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.