



DROP or ILSB Retiree Alternate Payee Receiving Split Benefit as a Result of Divorce (Form 11K-P) • USE FOR ALTERNATE PAYEE ONLY

05-11KP
rev. 12/22

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. TRSL must receive this form before payments can be made to the alternate payee. Distributions from the accounts will be issued by TRSL on the 15th day of each month. This form is designed for general use only. TRSL may require more information for your particular situation.

Section 1 — Alternate payee information

Alternate payee's name: Last, first, MI, suffix (Jr., III, etc.)	Alternate payee's Social Security number (###-##-####)
Daytime telephone (include area code)	Email address
Alternate payee's check address: Street / PO box	City, state, zip
Alternate payee's home address: Street / PO box	City, state, zip

Section 2 — Member information

Member's name: Last, first, MI, suffix (Jr., III, etc.)	Member's Social Security number (###-##-####)
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Section 3 — Withdrawal section (Consult TRSL's brochure, *Special Tax Notice*, which has been provided to you.)

The withdrawal method below was chosen by the member and reflects your portion of the benefit resulting from a judgment granted by the court. The withdrawal method can be changed by the member and will cease upon the member's death. (Follow the instructions given for the method that you select.)

Withdrawal method: _____ Amount: _____

Periods: _____ Rollover eligible? Yes No **If this is rollover-eligible, you must complete Section 4.**

Partial single-sum amount: _____ Based on the above, you must complete Section(s) 4 5 6

If payment IS rollover eligible:	If payment is NOT rollover eligible:
<ul style="list-style-type: none"> A mandatory 20% federal income tax withholding applies (0% on rollover amounts). If you want additional withholding on amounts paid to you, submit IRS Form W-4R. 	<ul style="list-style-type: none"> Submit IRS Form W-4P to indicate your federal income tax filing status. If this form is not submitted, the default withholding status of Single will be applied.

Section 4 — 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 5.

I **DO** want to have \$_____ (amount must be greater than \$500) of my distribution directly rolled over to the qualified retirement plan named in Section 5 and the balance paid directly to me. A mandatory 20% federal income tax withholding applies to the balance paid to the alternate payee.

Section 5 — 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	Type of plan (IRA, 403(b), 457, 401(k), etc.)
Name of financial institution	Daytime telephone (include area code)	
Street address / PO box	City, state, zip	

Section 6 — Alternate payee's signature

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: Alternate payee's signature (Do not print or type) _____ Date signed (mm/dd/yyyy) _____