



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. 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. 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

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

The withdrawal method indicated 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 3**

Partial single-sum amount: _____ Based on the above, you must complete Section(s) 3 4 5

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 directly rolled over to the qualified retirement plan named in Section 4 and the balance paid directly to me. A mandatory 20% federal income tax withholding applies to the balance paid to the alternate payee.

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	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 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

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.

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