



DROP or ILSB Retiree Spousal Beneficiary Request for Withdrawal Selection (Form 11K-S)

05-11KS

rev. 12/22

USE FOR SPOUSE ONLY WHEN WITHDRAWALS HAVE NOT YET BEGUN

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 6, as applicable, must be completed by the spouse if withdrawals have not yet begun. This form must be received by TRSL before payments can be made to the spouse. Distributions from the accounts will be issued by TRSL on the 15th day of each month. **Total account balance distributions can be requested at any time after monthly or annual withdrawals have begun.**

Section 1 — Spouse information

I hereby make application for the return of funds held in the account of the deceased retiree named in Section 2 below.

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

Section 2 — Deceased member information

Deceased retiree's name: Last, first, MI, suffix (Jr., III, etc.)	Retiree's date of death (mm/dd/yyyy)	Retiree's Social Security number (###-##-####)
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Section 3 — Withdrawal section (Check & fill out ONLY ONE of the following withdrawal options: A, B, or C.)

OPTION A

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 4 on the reverse must be completed if one of these methods is chosen.**

- Total** account balance withdrawal
- Annual** fixed amount paid over a period of less than 10 years:
Annual amount \$ _____ Date begin _____
- Monthly** fixed amount paid over a period of less than 10 years:
Monthly amount \$ _____ Date begin _____

Information about federal income tax withholding

- 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**.

IRS INFO

OPTION B

Option B withdrawal methods are subject to voluntary federal income tax withholding:

- Annual** fixed amount paid over life expectancy or any period of 10 years or more:
Annual amount \$ _____ Date begin _____
- Monthly** fixed amount paid over life expectancy or any period of 10 years or more:
Monthly amount \$ _____ Date begin _____

Information about federal income tax withholding

- 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.

IRS INFO

See reverse for OPTION C & REQUIRED signatures

Spouse's Social Security number

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 (PSS) 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 _____ **Complete Section 4 below.**

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 4 below.**

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 4 below.**

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

Monthly amount \$ _____

Information about federal income tax withholding

- For the PSS and monthly/annual fixed amounts paid **in less than 10 years**, 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**.
- For monthly/annual fixed amounts paid **over life expectancy or 10 years**, 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 beneficiary.

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	
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 6 — Spouse's signature and witnesses

My signature below confirms that I have received TRSL's brochure, *Special Tax Notice* concerning rollovers. Additionally, I certify that the information I entered on this form is true, correct, and complete and that I authorize the elections as indicated above.

REQUIRED: Spouse's signature (Do not print or type)	Date signed (mm/dd/yyyy)
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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	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.