



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

05-11MS

rev. 03/21

USE FOR SPOUSE ONLY WHEN WITHDRAWALS HAVE ALREADY 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 were begun by the retiree. 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 below.

Deceased retiree's name: Last, first, MI, suffix (Jr., III, etc.)	Retiree's Social Security number (###-##-####)	Retiree's date of death (mmydd/yyyy)
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 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 - Withdrawal information

Consult TRSL's brochure, *Special Tax Notice*, and the withdrawal selection materials that have been provided to you.

Your spouse chose the following withdrawal method:

Withdrawal method: Monthly Annual **Periods remaining:** _____ **Amount:** _____ **Rollover eligible:** Yes No

You can continue receiving withdrawals in the same manner chosen by your spouse, receive a total account balance withdrawal, or make a change in the withdrawal amount (increase only) and/or withdrawal method. Check ONLY ONE of the following:

- CONTINUE** the withdrawal method chosen by the deceased retiree (Complete Section(s) _____)
- TOTAL** account balance withdrawal (Complete Sections 3 & 4 on the reverse, as applicable)
- CHANGE** the withdrawal amount and/or withdrawal method. (If this option is chosen, indicate the change below.)

Section 2A - Withdrawal change request (Complete only if you wish to make a CHANGE.)

The following 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.**

- 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 _____

The following 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 _____

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: Spouse's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
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You must sign this page. You must then complete the tax information on the reverse side that is applicable to your withdrawal election. You must sign the reverse and have the signatures of two witnesses.

Retiree's Social Security number

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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 beneficiary.

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 exemptions claimed. This section must be completed to notify 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, which could result in your not having enough tax withheld. If withholding and estimated tax payments are not sufficient, you could incur penalties under IRS regulations. **Complete the following applicable lines:**

Form W-4P — Withholding Certificate for Pension or Annuity Payments

- 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 - Spouse's signature and witnesses

Spouse's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)
	

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.