



LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

10202 Jefferson Highway • Building A • Baton Rouge, Louisiana 70809 TELEPHONE (225) 293-1162 • (800) 256-6660 • FACSIMILE (225) 291-7859

Request for Retirement/DROP/Post DROP/Disability Benefit Estimate

Employer Parish:

Name:

Social Security Number:

Date of Birth:

Mailing Address: Street, City, State, Zip Code:

Contact Phone Number:

Email address:

Return benefit estimate by:

Mail

Email

Member must be within 3 years from Retirement or DROP eligibility to request an estimate. You may receive 5 (five) estimates at no charge. Any additional estimates will incur a \$ 20 fee due with request. Please mail completed form to the above address or fax to (225) 291-7859. Please allow 2 weeks for your estimate.

Estimated Retirement/DROP Entry Date(s):

Type of Retirement:

Regular Retirement

DROP (Deferred Retirement Option Plan)

Disability Retirement

Post-DROP (Only after completion of DROP)

Benefit Options: Member may select option 2, 3, 5 for a beneficiary. Option 4 must be calculated by our actuary for a fee of \$200.

Name for Beneficiary Option:

Date of Birth for Beneficiary Option:

All Options

Maximum

Option 2

Option 3

Option 4

Option 5

I hereby understand that the figures I receive are **estimated** and subject to change once final employer certifications are received when I retire.

Signature

Date