

Louisiana Clerks of Court Retirement and Relief Fund

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

CERTIFICATION OF DROP Returned to Work

| Please fill out this form if you are continuing to work upon completion of the DROP Program. | | |
|--|-----------|-----------------------------|
| Name: | | |
| Address: | | Sex: |
| City: | | Social Security #: |
| State: | Zip Code: | Employer Parish: |
| Home Number: | | Date of Birth: |
| Work Number: | | DROP Exit Date: |
| Phone Number: | | Returned to Work Date: |
| Martial Status: Married Never Married Divorced Widowed | | Email Address: |
| INVESTMENT OPTIONS | | |
| Please choose one of the following DROP Fund options: | | |
| Self-Directed DROP Plan with Great-West Retirement Services (Please complete the Great-West Retirement Services Enrollment Packet) | | |
| Allow the Board of Trustees to invest my DROP funds (currently invested) in LAMP (Louisiana Asset Management Pool) | | |
| | | |
| Date | | Signature of Applicant |
| CERTIFICATE OF THE CLERK | | |
| I hereby certify that the above named employee has completed the DROP Program and will continue to work at which time the employee rate of 8.25% will be contributed. | | |
| Date | | Signature of Clerk of Court |
| Parish of : | | |