



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

DEFERRED RETIREMENT OPTION PLAN (DROP) REQUEST FOR LUMP SUM DISTRIBUTION

**** Before completing this form, please read the Special Tax Notice Regarding Plan Payment which is attached to this form.****

Name:	
Address:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
City:	Social Security #:
State:	Zip Code:
Home Number:	Employer Parish:
Cell Number:	Date of Birth:
Work Number:	Martial Status: <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Email address:	DROP Participation Exit Date:
	Date of Retirement:

In accordance with the provisions of the Louisiana Clerks' of Court Retirement and Relief Fund, request is hereby made for lump sum distribution of deferred retirement option plan (DROP) Funds. Federal Law permits a rollover of the lump sum DROP payment to an IRA or to another qualified retirement plan. If payment of this lump sum is not made directly to an IRA or to another qualified retirement plan, the Clerks of Court Retirement and Relief Fund is required by Federal Law to withhold twenty (20%) percent of this payment to be credited against your taxes. IF YOU ELECT TO ROLLOVER THIS LUMP SUM, PLEASE HAVE YOUR FINANCIAL INSTITUTION OF CHOICE SUBMIT A "LETTER OF ACCEPTANCE" OR "REQUEST TO TRANSFER" FORM WITH PAYMENT INSTRUCTIONS.

PLEASE SELECT OPTION(S)

- I ELECT to have my DROP funds **PAID DIRECTLY** to me less the twenty (20%) percent federal withholding:
 - FULL DISTRIBUTION
 - PARTIAL DISTRIBUTION \$ _____

- I ELECT to **ROLLOVER/TRANSFER** my DROP funds. *(If this box is checked, please provide the name and address of the financial institution that will be accepting the funds and attach the "Letter of Acceptance" or "Request to Transfer" form to this application.)*
 - FULL ROLLOVER/TRANSFER
 - PARTIAL ROLLOVER/TRANSFER \$ _____

Name of Financial Institute Accepting Rollover: _____

Address of Financial Institute: _____

- I ELECT the **TRUE-LIFE ANNUITY** based upon my DROP account as computed by the System's Actuary. **Note: This option only applies to members retiring upon completion of DROP or DROP Return to Work members who invested funds with LAMP and retiring. Before selecting this option, please fill out "True-Life Annuity Benefit Estimate Form ".**

Witness

Witness

Participant Signature

Date

CERTIFICATE OF CLERK

Having read the above request for lump sum distribution of deferred retirement option plan (DROP) funds, I hereby certify that the applicant has notified me of his/her desire to be relieved from active duty as a Clerk of Court, Deputy Clerk of Court, or other employee of my office, and that he/she will or did terminate on the _____ day of _____, 20____, at which time his/her salary and or earnings will or did cease.

I, further certify that if the retiree is re-employed in any capacity in my office, I will immediately notify the Board of the dates of re-employment.

_____ Date

_____ Clerk of Court Signature

Parish of : _____