

MUNICIPAL EMPLOYEES RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Boulevard, Baton Rouge, LA 70809

225-925-4810 or 800-820-1137

Fax 225-925-4816

RETIRE FROM DROP

Name: _____ Date: _____

SSN: _____ Employer: _____

Termination Date: _____
(Not Effective Retirement Date)

Please attach direct deposit form and a blank, voided check.

Signature of Member

Signature of Clerk or Designated Authority

FOR OFFICE USE ONLY

Effective Date: _____

RTW Yes No

If yes, calculate additional benefit. Completed by: _____ Checked by: _____

Date additional benefit calculated: _____