Municipal Employees' Retirement System of Louisiana

7937 Office Park Boulevard, Baton Rouge, LA 70809 / 225-925-4810 / Toll Free 1-800-820-1137 / Fax 225-925-4816

REQUEST FOR DROP DISTRIBUTION

Before completing this form, please read the enclosed Special Tax Notice Regarding Plan distributions.

NAME _____ SS#_____

EMPLOYER _____

Federal Law permits a rollover of a lump sum DROP distribution to an IRA or to another qualified retirement plan. If payment of a lump sum is not made directly to an IRA or to another qualified retirement plan, the Municipal Employees' Retirement System is required by federal law to withhold 20% of the payment for federal taxes. **IF YOU ELECT TO ROLLOVER A LUMP SUM, PLEASE HAVE THE FINANCIAL INSTITUTION SUBMIT A "*REQUEST TO TRANSFER FORM*" WITH PAYMENT INSTRUCTIONS.**

Please check one:

1. _____ I elect to have my lump sum DROP distribution made directly to me with taxes withheld.

2. _____ I elect to rollover my lump sum DROP distribution. (If this line is checked, please provide the name and address of the financial institution that will be accepting the rollover in the space provided below.)

   _____

3. _____ I elect a true annuity based on my DROP account as computed by the System Actuary. **THIRTY DAYS NOTICE IS REQUIRED FOR PROCESSING ANNUITY WITHDRAWALS.**

4._____ I elect to receive a certain dollar amount on an annual or monthly basis with taxes withheld.

   Amount desired:_____ Date of withdrawal_____

*****THIRTY DAYS NOTICE FOR PROCESSING ALL WITHDRAWALS*****

_____ _____

Signature of Employee Date

(By signing, I hereby verify that I have read the Special Tax Notice)