

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 APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

Termination Date: \_\_\_\_\_  
(Not Effective Retirement Date)

Direct Deposit: \_\_\_\_ Yes \_\_\_\_ No

If yes, please attached 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: \_\_\_\_\_