

RETIREMENT APPLICATION CHECKLIST

PLEASE INCLUDE THE FOLLOWING WITH YOUR RETIREMENT APPLICATION. APPLICATIONS RECEIVED WITHOUT THE PROPER PAPERWORK WILL DELAY PROCESSING.

Application for Retirement*

Salary Evaluation Form*

Authorization for Direct Deposit*

Copy of Member's Birth Certificate and Social Security Card*

Copy of Beneficiary's Birth Certificate and Social Security Card (Required if Option other than Maximum Chosen)*

W4P*

Copy of Certificate of Elected Service (Required for Elected Officials Only)

Spousal Consent Form (If Maximum chosen only. Required if Legally Married) Certified

Copy of Death Certificate (Required if widowed)

Certified Copy of Divorce Judgment (Required if divorced)

Retiree Insurance Premium Deduction Authorization (If required by employer)

Have final earnings and contributions been reported? Yes No (circle one)

*REQUIRED

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM of LOUISIANA (**MERS**)
7937 Office Park Boulevard, Baton Rouge, Louisiana 70809
Phone: (800) 820-1137 or (225) 925-4810 – Fax: (225) 925-4816

APPLICATION FOR RETIREMENT

Name: _____ Social Security # _____
Attach copy of card

Address: _____ Date of Birth _____

Phone Number: _____ Area Code + Number _____

Email: _____

Employer: _____

Marital Status – Circle One
Never Married Legally Married Divorced Widowed

Date of Marriage: _____

In accordance with the provisions of MERS, application is hereby made for:

A. Regular Retirement Early Retirement (Plan A Only-must sign before termination date)

B. Selection is hereby made of the retirement benefit payment plan checked below:

(a) Maximum Allowance Plan _____

(b) Option Plan Number _____ (Choice must be written in blank - Option No. 2, 3, 4.2, or 4.3)

(Please see page 2 for explanation of benefit options)

C. Termination date of member's active service _____

D. Effective Date of Retirement: _____

I hereby designate my beneficiary to receive eligible survivor benefits should I predecease him/her.

Name of beneficiary: _____ Date of Birth _____

Address: _____ Relationship _____
_____ Social Security # _____
Attach copy of card

Witness (cannot be named beneficiary)

I, the undersigned, certify that I have had the above option chosen explained to me to my satisfaction.

Applicant's Signature Date

Member Name: _____ Social Security # _____

EMPLOYER'S CERTIFICATION

I have reviewed and certified correct to the best of my knowledge and belief:

Date: _____ Employer: _____

Signature: _____ Title: _____
Clerk or Designated Authority

EXPLANATION OF BENEFIT PAYMENT PLANS

MAXIMUM ALLOWANCE PLAN – The Maximum Plan pays the largest monthly benefit allowable to the retiree, but makes no provision for payments to a beneficiary. Under this plan, all benefits cease upon the death of the retiree, unless benefits paid to the member prior to death are less than the contributions made by the member prior to retirement.

OPTION NO. 2 – The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, the same benefit payment as the member received will continue to the beneficiary throughout the life of the beneficiary. The beneficiary may not be changed and, if the designated beneficiary does not survive the member, all retirement benefit payments cease upon the death of the member.

OPTION NO. 3 - The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, one-half of the member's retirement benefit will continue throughout the life of the beneficiary. The beneficiary may not be changed and, if the designated beneficiary does not survive the member, all retirement benefit payments cease upon the death of the member.

OPTION NO. 4 - The member receives a reduced retirement allowance payable throughout life, with the provision that some other benefit or benefits shall be either paid to the member, or to such person or persons designated by the member, provided such other benefits, together with the reduced retirement allowance, shall not exceed the actuarial equivalent of the regular retirement allowance. NOTE: If the member selects this Option, the proposed retirement plan will be outlined in a letter attached to this application.

OPTION NO. 4.2 - The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, the same benefit payment as the member received will continue to the beneficiary throughout the life of the beneficiary. If the designated beneficiary dies before the retiree, the benefit paid to the retiree after the beneficiary's death will increase to what the retiree's Maximum benefit would have been.

OPTION NO. 4.3 - The member receives a reduced retirement allowance payable throughout life, with the provision that the member designates a beneficiary at the time of retirement. If the beneficiary survives the member, one-half of the member's retirement benefit payment will continue throughout the life of the beneficiary. If the designated beneficiary dies before the retiree, the benefit paid to the retiree after the beneficiary's death will increase to what the retiree's Maximum benefit would have been.

IMPORTANT

If a retired member dies, without having received in retirement benefits an amount equal to their remaining accumulated contributions to the system at the date of their retirement, the balance remaining to their credit shall be paid to their designated beneficiary or, if none, their estate.

I understand that no changes in the Option elected by the member, other than to correct administrative error, shall be permitted after sixty days from date of receipt of retirement application by the board and, if an Optional plan of benefit payments is selected, the Option beneficiary may not be changed.

I have read and understand the above statement. Applicant's Signature _____

SALARY EVALUATION FORM
USE THIS FORM TO REQUEST ONE OF THE FOLLOWING
THIS FORM MUST BE ATTACHED TO APPLICATION

RETIREMENT BENEFIT
DEFERRED RETIREMENT OPTION PLAN (DROP)

SURVIVOR BENEFIT
DISABILITY BENEFIT

Name of Member _____ Social Security Number _____

Employer _____ Is member a Marshal or Deputy Marshal? Yes No

Termination Date (N/A for DROP) _____ Retirement/DROP Effective _____

Employee's Highest **60** Consecutive or Joined Months of Earnings

Start Date	End Date	No. Of Months	Regular Earnings-Excluding Overtime
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Did the member have any breaks in service credit since the date of hire?

Yes **No** If yes, list any breaks in service below.

Signature of Member _____ Date _____

Signature of Appointing Authority _____ Date _____

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

7937 Office Park Blvd., Baton Rouge, Louisiana 70809-7606

Phone: 225.925.4810, Toll-free: 1.800.820.1137, Fax: 225.925.4816, www.mersla.com

Authorization for Direct Deposit

INSTRUCTIONS ON SECOND PAGE

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. **Attach a voided personal check.**

Section I: Payee Instructions

I hereby authorize and request the Municipal Employees' Retirement System of Louisiana (MERS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial institution designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments.

I further authorize MERS to initiate electronic funds transfer debit transaction to retrieve payments sent but not due in the event that my death has occurred. I further authorize the financial institution (bank) to release to MERS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

If my death should occur prior to the due date of any payment which is made by MERS in compliance with this Authorization for Direct Deposit, the below named financial institution shall refund such payments to MERS. I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on the front and back of this form.

A. Name of Payee:			B. SSN (last 4 only)
_____	_____	_____	XXX-XX-_____
First	Middle	Last	
C. Mailing Address of Payee:			
_____	_____	_____	_____
Address	City	State	Zip Code
D. Payee's Daytime Phone:	E. Signature of Payee or Legal Authorized Representative of Payee:		F. Date Signed:
_____	_____		_____

Section II: Financial Institution of Payee Information

A. Name of Financial Institution:	B. Type/Number of depositor account: <input type="radio"/> Checking <input type="radio"/> Savings
_____	Account Number: _____ If Checking, attach copy of voided check
	Routing Number: _____
C. Address of Financial Institution:	
_____	_____
Address	City
_____	_____
State	Zip Code
D. If Joint Account, Please Verify Name of Joint Signer: _____	

INSTRUCTIONS

Enter all information requested.

This form authorizes direct deposits into your account and is to be used only for Municipal Employees' Retirement System of Louisiana (MERS) payments.

If you wish your monthly benefit payments sent directly to your financial institution for deposit into your checking or savings account, you must complete this form to authorize the action. The financial institution may be any bank, savings bank, savings and loan association, similar institution, or federal or state chartered credit union.

Deposits will be made by way of electronic funds transfer (EFT) from MERS' account, provided your financial institution is a member of the Automated Clearing House (ACH) System. In the event your financial institution is not a member of the ACH System, a paper check will be mailed for deposit to your account. If you wish to have the advantage of the "paperless" electronic deposit, you may wish to establish an account with a financial institution that is a member of the ACH System.

Section I – Payee Instructions (Complete Items A – F)

Item A – Name of the person to whom the payment is made. This is the retiree, beneficiary, or survivor who is entitled to such payment.

Item B – Last 4 digits of the Social Security number of the payee. The Social Security number is used to identify the payee's records and payment.

Item C – Mailing address of the payee named in Item A. Provide a complete address including an apartment number, P.O. Box, and the zip code. This address must be kept current with MERS. Please notify MERS immediately when the address changes.

Item D – Area code and daytime telephone number of the payee named in Item A or the telephone number of the person who may represent the payee.

Item E – F – Sign the form. (The date is defaulted to the current date.) The signature must be that of the person named in Item A. If the payee is unable to sign, then the legal representative of the payee must sign this space. Papers declaring the legal representative must be on file in the office of MERS.

Section II – Items A – D – Financial Institution of Payee Information

Item A & C – Complete name and address of the financial institution to which the payment will be sent (bank, savings and loan association, credit union, etc.) and the branch designation.

Item B – Identify the type of account, routing number and the account number in which this payment is to be deposited. The account may be either a checking or savings account. Attach a voided personal check to verify payee's account number. (The number can be found on the bottom left of your check.)

Item D – If this is a joint account, please verify the name of the joint signer.

Payee Cancellation Instructions

This authorization remains in effect **until cancelled by written notice** from the payee (or the legal representative, in the event of the death of the payee). ***You may change the designation of your financial institution by completing and submitting a new authorization form.***

Check Stub/Account Statement

An account statement will be issued with your first month's payment only. If your benefit amount changes or if you submit financial institution information changes to MERS, you will receive a new statement. You should retain the account statement for future reference. In the event your financial institution is not a member of the ACH System, you will not receive this account statement. A check stub will be attached to the paper check mailed to your financial institution. If you have any questions regarding direct deposit, contact MERS or your financial institution.

Please print a copy of this form for your records.

**Withholding Certificate for
 Pension or Annuity Payments**

2021

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You may also use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions), or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 2 and 3. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2021.

General Instructions

Section references are to the Internal Revenue Code.

Follow these instructions to determine the number of withholding allowances you should claim for pension or annuity payment withholding for 2021 and any additional amount of tax to have withheld. Complete the worksheet(s) using the taxable amount of the payments.

If you don't want any federal income tax withheld (see *Purpose of form*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

You can also use the estimator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this estimator if you have a more complicated tax situation, such as if you have more than one pension or annuity, a working spouse, or a large amount of income outside of your pensions. After your Form W-4P takes effect, you can also use this estimator to see how the amount of tax you're having withheld compares to your projected total tax for 2021. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Note that if you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty

unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Filers with multiple pensions or more than one income. If you have more than one source of income subject to withholding (such as more than one pension or a pension and a job, or you're married filing jointly and your spouse is working), read all of the instructions, including the instructions for the Multiple Pensions/More-Than-One-Income Worksheet, before beginning.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. See Pub. 505, Tax Withholding and Estimated Tax, for more information. Get Form 1040-ES and Pub. 505 at www.irs.gov/FormsPubs. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 5 or the estimator at www.irs.gov/W4App to make sure you have enough tax withheld from your payments. If you have income from wages, see Pub. 505 or use the estimator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note: Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a designated Roth account or Roth IRA are nontaxable and, therefore, not subject to withholding. See page 3 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the worksheet(s) for your records. -----

**Withholding Certificate for
 Pension or Annuity Payments**

2021

► For Privacy Act and Paperwork Reduction Act Notice, see page 6.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

- 1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Don't complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you're claiming for withholding from each **periodic** pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ►
Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you can't enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$

Your signature ►

Date ►

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* below.

Caution: There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured using certain withholding tables that are also used to figure withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. You can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3.

Caution: If you don't submit Form W-4P to your payer, the payer must withhold from periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if the taxable amount of your pension or annuity is at least \$2,100 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if

you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and tax-exempt organizations' deferred compensation plans described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from the taxable amount of nonperiodic payments (but see *Eligible rollover distribution—20% withholding* below) **unless** you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 3. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution: If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a flat 20% federal withholding rate on the taxable amount of the distribution. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. In that case, complete line 3 of Form W-4P and submit the form to your payer.

Note: The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a 401(k) plan, qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by federal law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 2.

Tax relief for victims of terrorist attacks. For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the 2021 default rate (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at a different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit the Form W-4P to your payer.

Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. Don't check the box on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates are generally subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals), to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer will instead furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 4 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line D. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required SSN. To learn more about this credit, see Pub. 972, Child Tax Credit and Credit for Other Dependents. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line D of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line E. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who does not meet the age or SSN requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your payments by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of your pensions, wages, and other income, including income earned by a spouse if you're filing a joint return.

Line F. Other credits. You may be able to reduce the tax withheld from your payments if you expect to claim other tax credits, such as tax credits for education (discussed in Pub. 970). If you do so, your payments will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for the worksheet for converting credits to allowances in Pub. 505 if you want to reduce your withholding by taking these credits into account. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your pension or annuity payments to account for your itemized deductions and other adjustments to income, such as deductible IRA contributions. If you do so, your refund at the end of the year will be smaller, but your payments will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your payments if you have a large amount of other income not subject to withholding, such as interest, dividends, or capital gains.

Another option is to take these items into account and make your withholding more accurate by using the estimator at www.irs.gov/W4App. If you use the estimator, you don't need to complete any of the worksheets for Form W-4P.

Multiple Pensions/More-Than-One-Income Worksheet

Complete this worksheet if you receive more than one pension, if you have a pension and a job, or if you're married filing jointly and have a working spouse or a spouse who receives a pension. If you don't complete this worksheet, you might have too little tax withheld. If so, you will generally owe tax when you file your tax return and may be subject to a penalty.

Use the Multiple Pensions/More-Than-One-Income Worksheet from only one Form W-4P to figure the number of allowances you're entitled to claim and any additional amount of tax to withhold from all pensions. If you (and/or your spouse if filing jointly) have two or more pensions, withholding will generally be more accurate if only the Form W-4P for the highest paying pension (a) claims any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet; and (b) uses the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have a pension and a job, withholding will generally be more accurate if the Form W-4P for the pension doesn't claim

any allowances after lines A through B in the Personal Allowances Worksheet or any allowances in the Deductions, Adjustments, and Additional Income Worksheet. However, you may need to use the Multiple Pensions/More-Than-One-Income Worksheet. If you (and/or your spouse if filing jointly) have more than one pension (or a pension and a job) and you need to complete a new Form W-4P or Form W-4 for a pension or a job, you (and/or your spouse) will generally get more accurate withholding by completing new Form(s) W-4P or Form(s) W-4 for all other pensions and jobs. See Pub. 505 for details.

Another option is to use the estimator at www.irs.gov/W4App to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "2" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D Child tax credit.** See Pub. 972 for more information.
 - If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$181,951 to \$200,000 (\$351,401 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **D** _____
- E Credit for other dependents.** See Pub. 972 for more information.
 - If your total income will be less than \$72,351 (\$105,051 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$72,351 to \$181,950 (\$105,051 to \$351,400 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$181,950 (\$351,400 if married filing jointly), enter "-0-" **E** _____
- F Other credits.** If you have other credits, see the worksheet for converting credits to allowances in Pub. 505 and enter the amount from that worksheet here. If you figure all your credits using that worksheet in Pub. 505, enter "-0-" on lines D and E **F** _____
- G** Add lines A through F and enter the total here **G** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** on page 5.
- If you **have more than one source of income subject to withholding** or are **married filing jointly and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$13,000 (\$25,000 if married filing jointly), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 5 to avoid having too little tax withheld, or use the estimator for more accuracy.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- | | | | |
|-----------|---|-----------|----------|
| 1 | Enter an estimate of your 2021 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | 1 | \$ _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \$18,800 \text{ if you're head of household} \\ \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 | \$ _____ |
| 4 | Enter an estimate of your 2021 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness. See Pub. 505 for information about these items | 4 | \$ _____ |
| 5 | Add lines 3 and 4 and enter the total | 5 | \$ _____ |
| 6 | Enter an estimate of your 2021 other income not subject to withholding (such as dividends, interest, or capital gains) | 6 | \$ _____ |
| 7 | Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 7 | \$ _____ |
| 8 | Divide the amount on line 7 by \$4,300 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 | _____ |
| 9 | Enter the number from the Personal Allowances Worksheet , line G, on page 4 | 9 | _____ |
| 10 | Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Multiple Pensions/More-Than-One-Income Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4P, line 2, on page 1 | 10 | _____ |

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line G from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- | | | | |
|----------|---|----------|-------|
| 1 | Enter the number from the Personal Allowances Worksheet , line G, on page 4 (or from line 10 above if you used the Deductions, Adjustments, and Additional Income Worksheet) | 1 | _____ |
| 2 | Find the number in Table 1 on page 6 that applies to the LOWEST paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "7" | 2 | _____ |
| 3 | If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, on page 1. Do not use the rest of this worksheet | 3 | _____ |

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, on page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- | | | | |
|----------|---|----------|----------|
| 4 | Enter the number from line 2 of this worksheet | 4 | _____ |
| 5 | Enter the number from line 1 of this worksheet | 5 | _____ |
| 6 | Subtract line 5 from line 4 | 6 | _____ |
| 7 | Find the amount in Table 2 on page 6 that applies to the HIGHEST paying pension or job and enter it here | 7 | \$ _____ |
| 8 | Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed | 8 | \$ _____ |
| 9 | Divide line 8 by the number of payments remaining in 2021. For example, divide by 8 if you're paid every month and you complete this form in April 2021. Enter the result here and on Form W-4P, line 3, on page 1. This is the additional amount to be withheld from each payment | 9 | \$ _____ |

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above
\$0 - \$799	0	\$0 - \$799	0
800 - 5,100	1	800 - 5,100	1
5,101 - 9,400	2	5,101 - 9,400	2
9,401 - 13,700	3	9,401 - 13,700	3
13,701 - 18,000	4	13,701 - 22,000	4
18,001 - 22,300	5	22,001 - 27,500	5
22,301 - 26,600	6	27,501 - 32,000	6
26,601 - 35,000	7	32,001 - 40,000	7
35,001 - 40,000	8	40,001 - 60,000	8
40,001 - 46,000	9	60,001 - 75,000	9
46,001 - 55,000	10	75,001 - 85,000	10
55,001 - 60,000	11	85,001 - 95,000	11
60,001 - 70,000	12	95,001 - 100,000	12
70,001 - 75,000	13	100,001 - 110,000	13
75,001 - 85,000	14	110,001 - 115,000	14
85,001 - 95,000	15	115,001 - 125,000	15
95,001 - 125,000	16	125,001 - 135,000	16
125,001 - 155,000	17	135,001 - 145,000	17
155,001 - 165,000	18	145,001 - 160,000	18
165,001 - 175,000	19	160,001 - 180,000	19
175,001 - 180,000	20	180,001 and over	20
180,001 - 195,000	21		
195,001 - 205,000	22		
205,001 and over	23		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$25,350	\$430	\$0 - \$7,375	\$430
25,351 - 85,850	520	7,376 - 37,625	520
85,851 - 176,650	950	37,626 - 83,025	950
176,651 - 332,200	1,030	83,026 - 160,800	1,030
332,201 - 420,300	1,380	160,801 - 204,850	1,380
420,301 - 627,650	1,510	204,851 - 515,900	1,510
627,651 and over	1,590	515,901 and over	1,590

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all pensions using worksheets from only one Form W-4P. Claim all allowances on the Form W-4P that you or your spouse file for the highest paying pension in your family and claim zero allowances on Forms W-4P filed for all other pensions. For example, if you receive \$60,000 from your pension per year and your spouse

receives \$20,000 from a pension, you should complete the worksheets to determine what to enter on lines 2 and 3 of your Form W-4P, and your spouse should enter zero ("-0-") on lines 2 and 3 of his or her Form W-4P. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to figure your withholding more precisely.

Personal Allowances Worksheet (Keep for your records.)	
A Enter "1" for yourself	A _____
B Enter "1" if you will file as married filing jointly	B _____
C Enter "1" if you will file as head of household	C _____
D Enter "1" if: <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one pension; or • You're married filing jointly, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) are \$1,500 or less. </div>	D _____
E Child tax credit. See Pub. 972, Child Tax Credit, for more information.	
<ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	
E _____	
F Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.	
<ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	
F _____	
G Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	
G _____	
H Add lines A through G and enter the total here ▶	
H _____	
<p>For accuracy, complete all worksheets that apply.</p>	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of other income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet, later. • If you have more than one source of income subject to withholding or are married filing jointly and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$53,000 (\$24,450 if married filing jointly), see the Multiple Pensions/More-Than-One-Income Worksheet on page 5 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 2 of Form W-4P above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of other income not subject to withholding.

- 1 Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details 1 \$ _____
- 2 Enter: { \$24,400 if you're married filing jointly or qualifying widow(er)
\$18,350 if you're head of household
\$12,200 if you're single or married filing separately } 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total 5 \$ _____
- 6 Enter an estimate of your 2019 other income not subject to withholding (such as dividends, interest, or capital gains) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 4 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 10 _____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 4 (or from line 10 above if you used the **Deductions, Adjustments, and Additional Income Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. However, if you're married filing jointly and the amount from the highest paying pension or job is \$75,000 or less and the combined amounts for you and your spouse are \$107,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 **Divide** line 8 by the number of payments remaining in 2019. For example, divide by 8 if you're paid every month and you complete this form in April 2019. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment 9 \$ _____

Table 1

Table 2

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You're required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status; (b) request additional federal income tax withholding from your pension or annuity; (c) choose not to have federal income tax withheld, when permitted; or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you're required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths

and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You're not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM of LOUISIANA (MERS)

7937 Office Park Boulevard, Baton Rouge, Louisiana 70809

Phone: (800) 820-1137 or (225) 925-4810 – Fax: (225) 925-4816

Spousal Consent for Retirement or DROP

Please type or print in ink all entries except signatures.

This form must be completed whenever a Deferred Retirement Option Plan (DROP) participant or Retiree has not designated their spouse to receive at least 50 percent of the DROP or Retirement Benefit. The DROP participant or Retiree must complete Sections 1 and 2. Section 3 must be completed in the presence of a notary.

Section 1 - DROP Participant/Retiree Information

Form with fields for Last Name, First Name, Middle Initial, Suffix (Jr., III, etc.), and Social Security Number.

Section 2 - Spouse Information

Form with fields for Last Name, First Name, Middle Initial, Suffix (Jr., III, etc.), and Social Security Number.

Section 3 - Spousal Consent Information

State of _____

Parish/County of _____

BEFORE ME, the undersigned authority, personally came and appeared _____ (spouse) who, after being duly sworn, deposed and said:

That spouse acknowledges that he/she is fully aware that the above-named DROP participant or Retiree has designated someone other than the spouse as beneficiary(ies) of the DROP participant's DROP account or the retiree's benefit with Municipal Employees' Retirement System (MERS), and that spouse hereby consents to such designation(s) and expressly consents to any subsequent change(s) of designation(s) by the DROP participant or Retiree without any requirement of further consent by spouse. Spouse acknowledges that he/she has the right to limit this consent to a specific beneficiary designation, and spouse expressly waives that right.

That, pursuant to the above consent, the spouse understands that, upon DROP participant's or Retiree's death, MERS will pay all funds in the aforesaid DROP or Retirement account to the beneficiary(ies) designated as of the date of death, and that such payment shall discharge all obligations of MERS with regard to these funds, and shall constitute a release of accrued rights of every kind and nature against MERS.

That spouse acknowledges that he/she is fully aware that his/her spouse, the above-named DROP participant or Retiree, may select a method of withdrawal from DROP participant's DROP account or retiree's benefit other than an annual or monthly amount over DROP participant's or Retiree's life expectancy; that spouse hereby consents to DROP participant's or Retiree's selection of any withdrawal method not based upon their life expectancy and expressly consents to any subsequent change(s) in the method of withdrawal by DROP participant or retiree, including a total withdrawal of the balance of the DROP or Retirement benefit at any time, without the requirement of further consent by the spouse. The spouse acknowledges that he/she has the right to limit this consent to the specific withdrawal method, and the spouse expressly waives that right.

An important purpose of the above consent is to comply with applicable provisions of the Internal Revenue Code.

That spouse hereby agrees to notify MERS or its successor immediately in the event of DROP participant's or Retiree's death. The spouse further agrees to refund any payment received from the DROP or Retirement benefit to which the spouse was not entitled.

Signature of Spouse

SWORN TO AND SUBSCRIBED before me, Notary Public, in and for the parish/county and state aforesaid,

this _____ day of _____, _____

Notary Public

