



8660 United Plaza Blvd. (70809), P.O. Box 44516, Baton Rouge, Louisiana 70804-4516
 Phone: 225.925.6484, Toll-free: 1.800.256.3718, Fax: 225.922.1001, www.lasers.net

Form 10C
 3/15

Application for Retirement After DROP

Upon receipt of this form, LSERS will request certification of your current year earnings and your sick and annual leave balances from your employer and will send you the forms needed for your DROP account withdrawals. LSERS will not compute your final benefit until all necessary certifications are received from your employer. A completed Authorization for Direct Deposit form (Form 8) is required in order to start receiving estimated benefits.

Section 1 - Member Information

Last Name	First Name	Middle Initial	Suffix (Jr., III, etc.)	Social Security Number
Address (Street/P. O. Box)				Date of Birth (Enter as MM/DD/YYYY) / /
City, State, and Zip Code				Primary Telephone Number
E-mail Address				Secondary Telephone Number

Section 2 - Retirement Effective Date

Enter date as MM/DD/YYYY. This date should be the day after your last day of work for which you received pay.

Section 3 - Federal Tax Withholding Certificate (Form W-4P)

The withholding amount on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform LSERS of your tax filing status. You may choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, LSERS must withhold federal income tax according to a filing status of married with three exemptions. This may result in you not having enough tax withheld. If withholding and estimated tax payments are not sufficient, you may incur penalties under IRS regulations.

Complete the following applicable lines:

1. I elect not to have tax withheld from my monthly benefit. **Does not apply to foreign check address**
 (If you check this box, do not complete lines 2 and 3.)

2. I want my withholding from each monthly benefit to be figured using the number of allowances **and** marital status shown. (You may also designate an additional dollar amount on line 3.) Enter number of allowances
 Marital status: Single Married Married, but withhold at higher single rate

3. I want the following additional dollar amount withheld from each monthly benefit. Enter amount
Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2.

Section 4 - Signature of Applicant

I hereby make application for retirement in accordance with Louisiana law. I understand I will begin receiving a monthly benefit based upon the retirement option and amount selected at the time I entered DROP. I understand I will not receive my first monthly retirement payment until I submit a direct deposit form (Form 8).

Signature of Member (Do not print or type)	Date Signed (MM/DD/YYYY)
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