



LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

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14-10C
Form 10C
11/19

Application for Retirement After DROP

A completed [Form 8](#) and [Form W4P](#) must be submitted with this application.

Submit a [Form 3](#) to add or update any beneficiaries for receiving any remaining contributions if both you and your plan beneficiary die before the total of benefits paid out is less than your contributions to LSERS.

These forms are located on our website at www.lasers.net > Resources > [Forms](#).

Section 1 - Member Information

Last Name	First Name	MI	Jr., III, etc.	Social Security Number - attach copy of card
Address (Street/P.O. Box)				Primary Telephone Number (with area code)
City, State, and Zip Code				Secondary Telephone Number (with area code)
Date of Birth (MM/DD/YYYY) - please attach proof of birth date				E-mail address

Section 2 - Retirement Effective Date

Enter date as MM/DD/YYYY. This date should be the day after your last day of employment. If you are not certain, please contact your employer.

Section 3 - Waiver of Rights

I understand that 100% of my balance will be transferred into the default Custom Stable Value (CSV) option in the Self-Directed Plan (SDP) at such time as my DROP participation period has ended.

I understand that I will be subject to the possibility of loss of value should I allocate any portion of my funds to an option other than the CSV option in the SDP.

I understand that any benefits payable from the SDP are not the obligation of the State of Louisiana or the Louisiana School Employees' Retirement System (LSERS).

I understand that any investment returns are the sole responsibility of me and the provider to whom funds have been transferred pursuant to my instruction, and that any violations of the IRS Code occurring as a result of my participation in the SDP are the responsibility of me and the designated provider and not the State of Louisiana or LSERS.

I understand that there will be no liability or cause of action against the LSERS, its agents, or employees for any choices I make in relation to any funds transferred into the SDP.

I understand that my decision is irrevocable.

By my signature below, I understand and agree to the above description regarding my DROP funds.

Signature of Member (Do not print or type)	Date Signed (MM/DD/YYYY)
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Note: For information on your DROP account, please refer to [Fact Sheet 24 - DROP/IBRP Account Withdrawals](#) which is located on our website at www.lasers.net > Resources > Publications > [Fact Sheets](#).