

Louisiana Assessors' Retirement Fund
 2111 Quail Run Drive
 P.O. Box 14699
 Baton Rouge, La. 70898-4699
 Phone (800) 925-4446 (225) 928-8886 Fax (225) 928-4677

BACK-DEFERRED RETIREMENT OPTION PLAN REQUEST FOR DISTRIBUTION

MEMBER INFORMATION:			
Name of Member: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Social Security Number: _____		Email: _____	
Date of Termination: _____		Date of Birth: _____	

In accordance with the provisions of the Louisiana Assessors' Retirement Fund, request is hereby made for a distribution of BACK-Deferred Retirement Option Plan (BACK-DROP) funds:

- A. Date Participation in BACK- DROP Ends: _____
 (Note: May not be later than the term for which participation was elected.)
- B. Date of Retirement: _____
- C. BACK- DROP Distributions are 100% taxable. Federal Law permits a rollover of the lump sum BACK-DROP payment to an IRA or to another qualified retirement plan. If payment of this lump sum is not made directly to an IRA or to another qualified retirement plan, the Louisiana Assessors' Retirement Fund is required by Federal Law to withhold twenty (20%) percent of this payment to be credited against your taxes. **IF YOU ELECT TO ROLLOVER THIS LUMP SUM, PLEASE HAVE YOUR FINANCIAL INSTITUTION OR QUALIFIED RETIREMENT PLAN OF CHOICE SUBMIT A "REQUEST TO TRANSFER" FORM WITH PAYMENT INSTRUCTIONS.**

PLEASE CHECK ONE:

- (1) _____ I ELECT to have my lump sum BACK-DROP payment made directly to me less the twenty (20%) percent withholding.
- (2) _____ I ELECT TO ROLLOVER my lump sum BACK- DROP payment. (If this line is checked, please provide the name and address of the financial institution that will be accepting the rollover and attach their "Request to Transfer" form to this application.)
- (3) _____ I DO elect to rollover a portion of the taxable portion of my lump sum BACK- DROP payment . I elect to rollover \$_____ of my payment. I understand for the remainder, \$_____, payment will be made directly to me less the twenty percent (20%) withholding. (If this line is checked, please provide the name and address of the financial institution that will be accepting the partial rollover and attach their "Request to Transfer" form to this application.)

Name of Financial Institute or Qualified Retirement Plan Accepting Rollover: _____

Address of Financial Institute or Qualified Retirement Plan: _____

Signature

Date

Witness

Witness

ASSESSOR CERTIFICATION

Having read the above request for a distribution of BACK-Deferred Retirement Option Plan (BACK-DROP) funds, I hereby certify that he/she has notified me of his/her desire to be relieved from employment, and that he/she will or did terminate on the _____ day of _____, _____, at which time his/her salary and or earnings shall or did cease. I further certify that if the said applicant is re-employed under R. S. 11:1413, I will immediately notify the Board of Trustees of the Louisiana Assessors' Retirement Fund.

Date _____

Parish of _____

Signature of Assessor