



Firefighters' Retirement System Of Louisiana



P O Box 94095, Baton Rouge, LA 70804-9095 225-925-4060 Fax 225-925-4062 www.lafirefightersret.com

Request for Withdrawal from DROP/IBO Account

PRINT OR TYPE ALL INFORMATION
Member's Name First

Middle

Last

Today's Date
(MM/DD/YYYY)

Social Security Number

IMPORTANT: Follow the specific instructions for each section.

SECTION 1: MEMBER'S STATEMENT (To be completed by applicant)

Member's mailing address

City

State

ZIP

Member's birthdate (MM/DD/YYYY)

Daytime Area code and Telephone Number

Evening Area code and Telephone Number

SECTION 2: GENERAL INSTRUCTIONS

No withdrawal is required until you reach age 70-1/2. DO NOT COMPLETE THIS FORM IF YOU DO NOT WISH TO MAKE A WITHDRAWAL FROM YOUR DROP/IBO ACCOUNT AT THIS TIME. Amounts withdrawn from your DROP/IBO account are subject to federal income tax in the year you receive them. Under the provisions of the Federal Unemployment Compensation Act of 1992, the method of withdrawal you select will determine if the amount is eligible for rollover to an IRA or other qualified plan and subject to mandatory federal income tax withholding of 20%. You must read the "IRS Federal Tax Notice 2002-3: Special Tax Notice Regarding Plan Payments" before making your selection of the method of withdrawal. If you wish to roll the amount over to an IRA or other qualified plan, the rollover must be made directly from FRS to the other financial institution in order to avoid the mandatory withholding of 20%. Internal Revenue Service regulations require minimum distributions to begin being paid to you by April 1st of the calendar year after you reach age 70-1/2. FRS will begin the distributions in the year after you turn age 70-1/2 by sending you an annual check. These funds are not eligible for rollover to an IRA or other qualified plan.

SECTION 3: METHOD OF WITHDRAWAL

Disbursements from the DROP/IBO account will be made on the first day of each month in the same manner you receive your monthly retirement benefit (if a weekend or holiday, the disbursement will be made the following workday). Requests for changes in the type of disbursement or amount must be made in writing and must be received by FRS by the fifteenth of the preceding month. The method of disbursement you select will determine if the amount is eligible for rollover to an IRA and subject to mandatory federal income tax withholding of 20%.

A. Total Account Balance Rollover - I elect to rollover the entire balance of my DROP/IBO account to the financial institution named below. Acceptance letter from financial institution must be attached to this form.

Institution Name
Mailing Address
City, State, Zip Code
Name of Contact Person
Area code/telephone number

B. Lump Sum - I elect to be paid the entire balance in a lump sum payment of my DROP/IBO account on the next available DROP/IBO disbursement date. I understand that it may take between 30 to 60 days to process my payment. I understand this payment is subject to 20% federal income tax withholding and that this information will be supplied to the IRS.

C. Withdrawal - I elect to be paid a one time amount of \$ I understand this payment is subject to 20% federal income tax withholding and that this information will be supplied to the IRS.

D. Monthly amount withdrawal of \$ to be paid each month until all funds in the account are disbursed. If the total amount will be disbursed in less than 10 years based on the amount you specify, the monthly amounts disbursed are eligible for rollover and are subject to mandatory federal income tax withholding of 20%. If the total amount will be disbursed in more than 10 years, the monthly amounts are not eligible for rollover and are not subject to the mandatory 20% withholding. Instead, for payments exceeding 10 years, an IRS Form W4-P showing your withholding selection must be attached hereto, and, if you do not attach a Form W4-P, then your withholding will automatically be treated as married with three withholding allowances.

E. Monthly amount withdrawal of a level amount to be paid monthly over the expected lifetime of the individual. This method is similar to an annuity payment and the amount will be determined by the retirement system. This type of disbursement is not eligible for rollover and is not subject to the 20% mandatory federal income tax withholding. Instead, for this payment election, an IRS Form W4-P showing your withholding selection must be attached hereto, and, if you do not attach a Form W4-P, then your withholding will automatically be treated as married with three withholding allowances.

F. Annual amount withdrawal of \$ to be paid once a year on the disbursement date in the month of . If the total amount will be disbursed in less than 10 years based on the amount you specify, then the annual amounts disbursed are eligible for rollover and are subject to mandatory federal income tax withholding of 20%. If the chosen annual payments exceed 10 years, the annual amounts are not eligible for rollover and are not subject to the mandatory 20% withholding. Instead, for payments exceeding 10 years, an IRS Form W4-P showing your withholding election must be attached hereto, and, if you do not attach a Form W4-P, then your withholding will automatically be treated as married with three withholding allowances.

SECTION 4: CERTIFICATION - WAIVER OF 30-DAY NOTICE PERIOD

I hereby elect for withdrawals from my DROP/IBO account to be made in the manner specified above. I understand that all disbursements from the DROP/IBO account are subject to federal income tax in the year that they are received by me and that FRS will report the disbursements to the IRS.

I HEREBY CERTIFY THAT I RECEIVED FROM THE FRS PLAN ADMINISTRATOR A COPY OF THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS (IRS NOTICE 2002-3). I READ AND UNDERSTAND THE NOTICE. I DO NOT WISH TO WAIT UNTIL THE 30-DAY NOTICE PERIOD ENDS BEFORE MY DROP/IBO WITHDRAWAL SELECTION IS PROCESSED. I HEREBY AFFIRMATIVELY ELECT TO WAIVE THE 30-DAY NOTICE PERIOD.

Member's Signature

Date (MM/DD/YYYY)

RETAIN COPY FOR YOUR RECORDS