

# Registrars of Voters Employees' Retirement System

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## Application for Retirement or Deferred Retirement Option Plan (DROP)

<b>Section 1 – Retirement Information</b>			
This application should be received 30 days in advance of the date of retirement or DROP entry. Please note the DROP period may not exceed 3 years. Once the DROP period has been specified, the election is irrevocable. If you elect to participate in DROP for less than three years, you may not extend the period of DROP participation. You may exit DROP before the specified date only if you terminate service with ROVERS and retire.			
Select One <input type="checkbox"/> Retirement <input type="checkbox"/> Post-DROP <input type="checkbox"/> DROP		Date of retirement or DROP entry date	DROP exit date (see note above)
<b>Section 2 – Personal Information</b>			
Last Name	First Name	MI	Suffix
Social Security Number – attach a copy of card			
Date of Birth (MM/DD/YYYY) – attach copy of birth certificate		Member <input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail Address
Street Address/ P.O. Box		Cell Phone Number	
City	State	Zip Code	Work Phone Number
Include Unused Leave in benefit calculation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer/ Parish	Last Day of Employment ( MM/DD/YYYY)
Select one    *attach documents (such as Marriage or Death Certificates, Judgments of Divorce) <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Married* <input type="checkbox"/> Divorced* <input type="checkbox"/> Widowed*			Spouse's Name (Last Name, First Name, MI, Suffix)
<b>Section 3 Employer Certification (Completed by Registrar - if Registrar is applicant no signature required)</b>			
I have reviewed the information in Section 1 of this application and have confirmed the last day of employment shown in Section 2. I certify that this information is correct to the best of my knowledge and belief. If the member is entering DROP, I will notify the parish and/or state to cease withholding employee contributions as of the date of DROP entry.			
_____		_____	_____
Authorized Printed Name		Authorized Signature	Date
<b>Section 4 – Option Selection (Choose One)</b>			
Please refer to the Option Explanation Form and your benefit estimate for a description of each option. Select only one option. If you are legally married and are in a community property regime your spouse must initial below and sign the following page unless you provide at least a 50% joint and survivor annuity to your spouse. If you have participated in DROP, you may select a different option and beneficiary for a Post-DROP benefit. You may not change the option selected after the effective date of retirement or DROP entry. ROVERS offers an additional benefit structure called the automatic COLA option. Contact the ROVERS Director for more information.			
<input type="checkbox"/> Maximum <input type="checkbox"/> Option #1 <input type="checkbox"/> Option #2 (Joint & 100%) <input type="checkbox"/> Option #3 (Joint & 50%)			
Option #4: <input type="checkbox"/> Joint & 100% Popup <input type="checkbox"/> Joint & 50% Popup <input type="checkbox"/> Joint & 75% <input type="checkbox"/> Other (attach description)			
<b>Section 5 – Option Beneficiary (if selecting Option 4, including with multiple beneficiaries, provide an Option 4 letter)</b>			
Name: Last, First, MI, Suffix		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number – attach a copy of card
Street Address/ P.O. Box		Date of Birth – attach a copy of birth certificate	
City	State	Zip Code	Relationship To Member
<b>Page 1 of 2: Member's initials: _____ Spouse's initials: _____ Date: _____</b>			

**Application for Retirement or DROP - Continued**

**Section 6 – DROP Account Beneficiaries (Complete only if you elected to participate in DROP)**

I hereby designate the below named person or persons as my beneficiary to receive a refund of my DROP lump sum if I die prior to payment of the lump sum amount. I understand that if I do not specify a beneficiary for this purpose, the beneficiary listed above in the Option Beneficiary section will be deemed the beneficiary for this purpose also.

Name (Last, First, MI, Suffix )		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number – attach a copy of card	
Street Address/ P.O. Box			Date of Birth (MM/DD/YYYY)	
City	State	Zip Code	Relationship To Member	Amount (if multiple) %
Name (Last, First, MI, Suffix)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number – attach a copy of card	
Street Address/ P.O. Box			Date of Birth – enter as MM/DD/YYYY / /	
City	State	Zip Code	Relationship To Member	Amount (if multiple) %
Name (Last, First, MI, Suffix)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number – attach a copy of card	
Street Address/ P.O. Box			Date of Birth – enter as MM/DD/YYYY / /	
City	State	Zip Code	Relationship To Member	Amount (if multiple) %

**Section 7 – Affidavit – To Be Completed and Signed Before A Notary**

**Employee Request for Benefit Section:**  
I hereby request a benefit in the form shown on page one of this above.

\_\_\_\_\_ Date \_\_\_\_\_  
Member's Signature

**Legal Spouse Form of Benefit Approval Section\*\*:**  
I am legally married to the applicant and hereby consent to the form of benefit selected above and beneficiary selected above (or on attached letter).

\_\_\_\_\_ Date \_\_\_\_\_  
Legal spouse's signature (if applicable)

Sworn to and subscribed before me, NOTARY PUBLIC the above named \_\_\_\_\_  
Print Applicant's Name

and \_\_\_\_\_ in and for the State of Louisiana, Parish of \_\_\_\_\_  
Print Name of Applicant's Legal Spouse (if Married) Parish

on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_ and made oath that the statements above are true.  
Day Month Year

SEAL \_\_\_\_\_  
Signature of Notary Public

\*\*If you are legally married, and you are not naming your spouse as beneficiary or not otherwise granting to your spouse at least a 50% joint and survivor annuity, you must have your spouse sign, unless you provide ROVERS a certified copy of your prenuptial agreement opting into a Separate Property Regime and, if signed after your marriage, a certified copy of a judgment from the court terminating the community property regime.