

# Registrars of Voters Employees' Retirement System

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## Request for DROP and MSSF Withdrawal

### Section 1 – Member's Information

I have elected to Retire and request the Registrars of Voters Employees' Retirement System to distribute my D.R.O.P. and MSSF balance in the following manner. Federal Law permits a rollover of the lump sum DROP funds and MSSF funds to an IRA or to another qualified retirement instrument. If a lump sum payment is not made directly to an IRA or to another qualified retirement plan and made directly to you, the Registrars of Voters Employees' Retirement System is required by Federal Law to withhold 20% federal income tax from this payment.

**THIS IS AN IRREVOCABLE DECISION AND MAY NOT BE CHANGED AFTER THIS DOCUMENT IS FILED AND IMPLEMENTED BY THE REGISTRARS OF VOTERS EMPLOYEES' RETIREMENT SYSTEM.**

Last Name	First Name	MI	Suffix	Social Security Number	
Street Address	City	State		Zip Code	Date of Retirement

### Section 2 – DROP Funds Withdrawal – To Be Completed and Signed Before A Notary

Please initial one:

\_\_\_\_\_ I elect to have my lump sum DROP payment made directly to me with the appropriate taxes withheld. (20% Federal Income Tax) **DROP BALANCE \$** \_\_\_\_\_ **PAYABLE DIRECTLY TO ME**

\_\_\_\_\_ I elect to rollover my lump sum DROP payment. (If this line is checked, please provide the name and address of the Financial Institution that will be accepting the rollover, and have the Financial Institution submit a "Request to Transfer Form" OR a "Letter of Acceptance" with payment instructions.

**ROLLOVER BALANCE ELIGIBLE \$** \_\_\_\_\_



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### Section 3 – MSSF Funds Withdrawal – To Be Completed and Signed Before A Notary

Please initial one:

\_\_\_\_\_ I elect to have my lump sum MSSF payment made directly to me with the appropriate taxes withheld. (20% Federal Income Tax) **MSSF BALANCE \$** \_\_\_\_\_ **PAYABLE DIRECTLY TO ME**

\_\_\_\_\_ I elect to rollover my lump sum MSSF payment. (If this line is checked, please provide the name and address of the Financial Institution that will be accepting the rollover, and have the Financial Institution submit a "Request to Transfer Form" OR a "Letter of Acceptance" with payment instructions.

**ROLLOVER BALANCE ELIGIBLE \$** \_\_\_\_\_



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### Section 4 – Affidavit – To Be Completed and Signed Before A Notary

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

in and for the State of Louisiana, Parish of \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_  
Parish Day Month

\_\_\_\_\_  
Year

SEAL

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