



Louisiana State Employees' Retirement System

P.O. Box 44213, Baton Rouge, LA 70804-4213 • 225-922-0600 • Toll-Free 1-800-256-3000

Authorization for Direct Rollover

(Supplemental Page to Forms 2-1 Refund of Accumulated Contributions, 6-1 Application for Retirement, 6-1A & B Application for Retirement with Initial Benefit Option, 9-2 Certification at End of Employment, and 9-3 Request for Withdrawal from DROP/IBO Account)

www.lasersonline.org DO NOT FAX FORM PRINT OR TYPE ALL INFORMATION

SECTION 1: INSTRUCTIONS

The member/retiree must complete Section 2. The financial institution must complete Section 3. Attach this form to the appropriate form, which has been certified by your agency and forward both forms to LASERS at the above address.

SECTION 2: MEMBER AGREEMENT

Member/Retiree First Name	Middle	Last	Today's Date (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member/Retiree Mailing Address		City	State	ZIP
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Area Code and Telephone Number	Evening Area Code and Telephone Number	E-mail Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

I hereby request and authorize LASERS to directly rollover 100 percent of my contributions to the financial institution named in Section 3.

Member/Retiree Signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

NOTE: Please complete this form in its entirety. Failure to do so will delay the rollover process. LASERS is a 401(a) Defined Benefit Plan. If your financial institution requires you to complete additional forms, they **should not** be forwarded to LASERS.

SECTION 3: FINANCIAL INSTITUTION AGREEMENT

Financial Institution Name	Area Code and Telephone Number		
<input type="text"/>	<input type="text"/>		
Receiving Account Number	Check Payee		
<input type="text"/>	<input type="text"/>		
Check Mailing Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please initial one of the following options:

Yes, the monies will be deposited directly into a traditional IRA or another qualified employer plan.

(Initial)

No, the monies will NOT be deposited directly into a traditional IRA or another qualified employer plan.

(Initial)

Financial Institution Agreement: We certify that this account is an "Eligible Retirement Plan" created or organized in the USA, as defined by the Internal Revenue Code (IRC Sections 401(a)(31)(D), 402(c)(8)(A) and (B). We further certify that the named account holder is the primary beneficiary and/or sole owner of this "Eligible Retirement Plan."

Financial Institution Authorized Signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

RETAIN COPY FOR YOUR RECORDS