



P.O. Box 1471, Baton Rouge, LA 70821

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### DROP ACCOUNT WITHDRAWAL REQUEST

All withdrawals from D.R.O.P. accounts will be made in accordance with Retirement Ordinances and Board of Trustee policies. Authorized withdrawals are issued on the first of the month following the date of this request, **provided that this request has been made ten (10) business days in advance.** Emergency withdrawal requests will be submitted for approval to the Retirement Administrator.

METHOD OF WITHDRAWAL
<input type="checkbox"/> <b>Full Withdrawal</b> - I wish to close my D.R.O.P. account and withdraw the full amount of my account.
<input type="checkbox"/> <b>One-Time Withdrawal</b> - I wish to make a lump sum withdrawal in the amount of \$ _____ <input type="checkbox"/> Gross <input type="checkbox"/> Net/Clear
<input type="checkbox"/> <b>Monthly Withdrawal</b> - I wish to have a monthly withdrawal in the amount of \$ _____ to begin on _____. <input type="checkbox"/> Gross <input type="checkbox"/> Net/Clear

FEDERAL INCOME TAX WITHHOLDING
<input type="checkbox"/> <b>Federal Income Tax of 20% (standard)</b> of the withdrawal will be withheld from all payments unless retiree authorizes a <u>greater</u> withholding as follows: _____ <i>*Mandatory for withdrawals which exceed 10% of the account balance for the calendar year</i>
<input type="checkbox"/> <b>Federal Income Tax of 10% or greater</b> of the withdrawal will be withheld from non-periodic payments. Indicate greater amount if applicable _____ <i>*Withdrawal must not exceed 10% of the account balance for the calendar year</i>
<input type="checkbox"/> <b>Federal Income Tax of less than 10% (including -0-)</b> Must complete Form W-4P to elect the smaller withholding.

RETIREE INFORMATION	
Full Name (please print)	Phone Number
Signature	Social Security Number

SECTION TO BE COMPLETED BY RETIREMENT STAFF		
Fund: _____	Date of Request: _____	Date of payment: _____
Gross: _____	Tax: _____	Clear: _____