



LOUISIANA CLERKS OF COURT RETIREMENT AND RELIEF FUND

11745 Bricksome Avenue • Suite B-1 • Baton Rouge, Louisiana 70816
TELEPHONE (225) 293-1162 • (800) 256-6660 • FACSIMILE (225) 291-7859

Request for Retirement/DROP Benefit Estimate

Today's Date:	<input type="text"/>	Employer:	<input type="text"/>		
Member's Name:	<input type="text"/>	Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Member's Mailing Address: Street:	<input type="text"/>	City, State, Zip Code:	<input type="text"/>	Member's Home Phone:	<input type="text"/>
Beneficiary's Name:	<input type="text"/>	Beneficiary's Date of Birth:	<input type="text"/>	Member's Work Phone:	<input type="text"/>

Member must be within 3 years from Retirement or DROP eligibility to request an estimate. You may receive 5 (five) estimates at no charge. Any additional estimates will incur a \$ 20 fee due with request. Please mail completed form to the above address or fax to (225) 291-7859. Please allow 2 weeks for your estimate.

Estimated Retirement/DROP Entry Date(s):

Type of Retirement:

Regular Retirement DROP
(Deferred Retirement Option Plan) Post -DROP
(Must have completed DROP)

Options:

All Options
 Maximum Option 2 Option 3 Option 4 Option 5

I hereby understand that the figures I will receive are **estimated** and subject to change once final employer certifications are received when I retire.

Member's Signature

Date