



# Louisiana Clerks of Court Retirement and Relief Fund

11745 Bricksome Avenue • Suite B-1 • Baton Rouge, Louisiana 70816  
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## APPLICATION FOR DEFERRED RETIREMENT OPTION PLAN (DROP)

Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			Social Security #: _____
_____	_____	_____	Employer Parish: _____
First	Middle Initial	Last	
Address: _____			Date of Birth: _____ / _____ / _____
_____			
_____			Date of Employment: _____ / _____ / _____
Phone Number: (____) _____			

In accordance with the provisions of the Louisiana Clerks' of Court Retirement and Relief Fund, application is hereby made for deferred retirement option plan (DROP):

A. Date Participation in DROP begins: \_\_\_\_\_  
*(must be first day of month)*

Length of Participation: \_\_\_\_\_  
*(not to exceed 36 months)*

B. Selection is hereby made of the retirement plan checked below:

Maximum benefit payable during life.

Option Number \_\_\_\_\_ (Option No. 4 Beneficiary Amount \$ \_\_\_\_\_)  
*(See reverse side for explanation of benefit options)*

***(Complete the following if Option Plan 2, 3, 4 or 5 is elected.)***

I hereby designate my beneficiary under said Option Plan, to receive benefits should I predecease him/her.

Name of Beneficiary: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
*Proof of age of beneficiary must accompany this application if an option is elected.*

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

***I, the undersigned, certify that I have been supplied with a copy of La. R.S. 11:1530. I further certify that the information provided herein is true and correct to the best of my knowledge.***

\_\_\_\_\_  
**Signature of Applicant**

**Certificate of the Clerk**

Having read the above application for Deferred Retirement Option Plan (DROP), I hereby certify that the applicant is currently employed in my office and employment is expected to continue for the length of participation in DROP indicated in this application.

**I have reviewed and certified the above information is correct to the best of my knowledge.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of the Clerk of Court

Parish of : \_\_\_\_\_

**FOR RETIREMENT OFFICE USE ONLY**

Monthly Benefit: \_\_\_\_\_

Option Benefit to Beneficiary: \_\_\_\_\_

Date Benefits are to Commence: \_\_\_\_\_

Date Approved: \_\_\_\_\_

(Received Stamp)

**EXPLANATION OF BENEFIT OPTIONS**

**MAXIMUM PLAN** - is the result of the retirement formula. The Maximum Plan pays the largest monthly benefit allowable to the retiree, but makes no provision for a beneficiary. Under this plan, all benefits cease upon the death of the retiree, unless benefits paid to the member prior to death are less than the contributions made by the member prior to retirement.

**OPTION NO. 1** - if the retiree dies before he/she has received, in annuity payments purchased by his/her contributions, the amount his contributions accumulated at the time of his retirement, the balance thereof shall be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board of trustees at the time of his/her retirement, or, if none, to his/her estate; or

**OPTION NO. 2** - upon his/her death, the retiree's reduced retirement allowance shall be continued throughout the life of and be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board at the time of his/her retirement; or

**OPTION NO. 3** - upon his/her death, one-half (1/2) of the retiree's reduced retirement allowance shall be continued throughout the life of and be paid to any person he/she shall have nominated by written designation, duly acknowledged and filed with the board at the time of his/her retirement; or

**OPTION NO. 4** - other benefit or benefits shall be paid either to the retiree or to the person he/she shall have nominated, provided such other benefit or benefits, together with the reduced retirement allowance, shall be certified by the actuary to be of equivalent actuarial value to the retirement allowance and shall be approved by the board.

**OPTION NO. 5** - the retiree may elect to receive ninety percent (90%) of his maximum retirement and upon death, if he/she is survived by a spouse to whom he/she was married at the time of his/her retirement, fifty percent (50%) thereof shall be paid to the surviving spouse during his/her lifetime.

**IMPORTANT:** *No changes in the option elected by the member, other than to correct administrative error, shall be permitted after the application has been filed with the Board of Trustees.*

*Forms may be faxed to the office but the original signatures on documents are required by mail for the application to be valid. Thank you.*