



Louisiana Clerks of Court Retirement and Relief Fund

11745 Bricksome Avenue • Suite B-1 • Baton Rouge, Louisiana 70816

Phone: (800) 256-6660 • Phone: (225) 293-1162 • Fax: (225) 291-7859

APPLICATION FOR SERVICE RETIREMENT

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

(Indicate choice by X)

- I hereby elect to receive the maximum benefit payable during life.
- I hereby elect to receive my benefit under the provision of Option No. _____.
(Complete if Option # 4 is elected.) \$ _____ is designated for my beneficiary at my death.
(See reverse side for explanation of benefit options.)

(Complete only if an Option Plan 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.

- Any member may cancel his or her application for retirement prior to the effective date of said retirement; however, a member cannot cancel his application for retirement once payment for benefit has commenced.
- Benefits are distributed the last day of the benefit month. Wherever possible the office requests that a direct deposit be made to a financial institution to eliminate delays in the mail. Funds are deposited on the last day of the month or the next business day following a weekend or holiday. Direct Deposit Forms are available in the Retirement office.
- Should you become re-employed after your retirement in any capacity in any office of a Clerk of Court, you are required by law to report such re-employment to the retirement office immediately.
- It is the responsibility of the member to submit a Federal Income Tax Withholding Certificate (W4-P) to instruct the retirement office as to whether you do or do not want taxes withheld from your benefit check.

Witness

Witness

Date

I do hereby certify that the information I have provided is true and correct to the best of my knowledge.

Signature of Applicant

CERTIFICATE OF THE CLERK

Having read the above application for service retirement, _____, I hereby certify that he/she has notified me of his/her desire to be relieved from active duty as a Clerk of Court, Deputy Clerk of Court, or other employee of my office, and that he/she will or did terminate on the _____ day of _____, 20 _____, at which time his/her salary and or earnings shall or did cease.

I further certify that if the said affiant is re-employed in any capacity in my office, I will immediately notify the Board of Trustees of the Clerks Retirement and Relief Fund.

_____ Date

_____ Signature of 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)

EXPLANATIONS OF BENEFIT OPTIONS

Upon retirement for service, any member may elect to receive his/her benefit in a maximum allowance payable through life, or he/she may elect at that time to receive the actuarial equivalent of his/her retirement allowance in a reduced benefit payable throughout life in order to provide for a named beneficiary under the provisions of a pre-selected option. Once a benefit option or plan has been selected and payments have begun in accordance with the provisions of the option or plan, a pensioner may not change options, plans, or beneficiaries. Any option selected by a member at retirement may not be changed by reason of a change in your marital status, either by reason of death or divorce.

MAXIMUM PLAN - is the result of the retirement formula. (La. R.S. 11:1521(C)) 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; or

OPTION NO. 5 - the retiree may elect to receive ninety percent (90%) of his/her 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.