



Louisiana State Employees' Retirement System

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

Transfer to Self-Directed Plan

PRINT OR TYPE ALL INFORMATION

Member's Name First

Middle

Last

Today's Date
(MM/DD/YYYY)

Social Security Number

IMPORTANT: Complete the entire form. Follow the specific instructions for each section.

SECTION 1: MEMBER'S STATEMENT (To be completed by applicant)

Mailing Address

City

State

ZIP

Member's Birthdate (MM/DD/YYYY)

Daytime Area Code and Telephone Number

Evening Area Code and Telephone Number

SECTION 2: WAIVER—MUST READ & SIGN FOR APPLICATION TO BE VALID

I understand that I am waiving my right to be in the LASERS traditional DROP/IBO account.

I understand that by choosing to participate in the Self-Directed Plan (SDP), I must move 100% of my balance from the traditional DROP/IBO account to the SDP.

I understand that my choice is irrevocable and that I cannot return my DROP/IBO balance or any portion of it to the traditional account.

I understand that I am waiving my rights as set forth in Article X, Section 29(A) and (B) of the Louisiana Constitution to have my DROP/IBO balance sheltered from any losses and instead choose to pursue the investment opportunities offered through the SDP.

I understand that the benefits payable under the SDP are not the obligations of the State of Louisiana or the Louisiana State Employees' Retirement System (LASERS).

I understand that any investment returns are the sole responsibility of me and the provider to whom funds have been transferred pursuant to my instruction.

I understand that any violations of the Internal Revenue Code occurring as a result of my participation in the SDP are the responsibility of me and the designated provider and not the State of Louisiana or LASERS.

I understand that there will be no liability and no cause of action of any nature against LASERS, its agents or employees for any action taken by me due to my decision to enter the SDP or in making any other selection made by me pursuant to that decision.

I elect to make an irrevocable choice to enter the LASERS Self-Directed Plan.

I expressly acknowledge agreement with the terms of the Self-Directed Plan, including the waiver of rights as outlined in this section.

Member's Signature

Date Signed (MM/DD/YYYY)

RETAIN COPY FOR YOUR RECORDS