



PRINT ALL INFORMATION
www.lasersonline.org

P.O. Box 44213, Baton Rouge, LA 70804-4213
225.922.0600 · Toll-Free 1.800.256.3000
Fax 225.935.2856

Authorization for Direct Rollover

(This form alone does not authorize LASERS to take any action; it must be submitted in conjunction with one of the following forms: 02-01 *Refund of Accumulated Contributions*, 06-01 *Application for Retirement*, 06-01A & B *Application for Retirement with Initial Benefit Option*, 09-02 *Certification at End of Employment*, or 09-03 *Request for Withdrawal from DROP/IBO Account*)

Member's First Name	Middle Name	Last Name	Today's Date	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1: MEMBER'S INFORMATION

Member's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Area Code/Phone Number	Mobile Area Code/Phone Number	Email Address	Member's Birth Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I request and authorize LASERS to directly roll over 100 percent of my requested lump sum to the financial institution named below.

Member's Signature	Date
<input type="text"/>	<input type="text"/>

SECTION 2: FINANCIAL INSTITUTION AGREEMENT (Must be Completed by Financial Institution)

Financial Institution Name	Office Area Code/Phone Number		
<input type="text"/>	<input type="text"/>		
Check Payee	Receiving Account Number		
<input type="text"/>	<input type="text"/>		
Check Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The receiving financial institution representative must initial one of the following options:

<input type="checkbox"/>	Yes, the monies will be deposited directly into a traditional IRA or another qualified employer plan.
Initials	
<input type="checkbox"/>	Yes, the monies will be deposited into a Roth IRA.
Initials	

The receiving financial institution certifies that this account is an "Eligible Retirement Plan" created or organized in the USA, as defined by the Internal Revenue Code (IRC Sections 401(a)(31)(D), 402(c)(8)(A) and (B)). The receiving financial institution further certifies that the named account holder is the primary beneficiary and/or sole owner of this "Eligible Retirement Plan."

Financial Institution Authorized Signature	Date
<input type="text"/>	<input type="text"/>