

FIREFIGHTERS' RETIREMENT SYSTEM
PO Box 94095, Capitol Station, Baton Rouge, LA 70804-9095
Phone: (225) 925-4060 Fax: (225) 925-4062

RETIREMENT/DROP/IBO APPLICATION

PLEASE NOTE THAT THE RETIREMENT OFFICE WILL NOT PROCESS YOUR APPLICATION UNLESS YOU SUBMIT A COMPLETED APPLICATION ALONG WITH A COMPLETED ANNUAL COST OF LIVING OPTION FORM TO THE RETIREMENT OFFICE AT LEAST 30 DAYS PRIOR TO YOUR EFFECTIVE DATE. INCLUDE A COPY OF THE BIRTH CERTIFICATES FOR THE MEMBER AND NAMED BENEFICIARY. COMPLETE AND SIGN THE AFFADAVIT ON THE BACK OF THIS FORM IN THE PRESENCE OF A NOTARY.

PLEASE SELECT A RETIREMENT PLAN

(for an explanation of these retirement options, please see the back of this form)

DROP IBO REGULAR RETIREMENT **EFFECTIVE DATE:** _____

DROP/IBO SELECTION: _____ Months (1-60) – Must complete if enrolling in DROP or selecting IBO retirement

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
STREET ADDRESS OR POST OFFICE BOX NUMBER						PHONE NUMBER	
CITY		STATE	ZIP CODE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BIRTH DATE

The following named beneficiary is to receive survivor benefits upon the death of the retiree, if any.

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
STREET ADDRESS OR POST OFFICE BOX NUMBER						BIRTH DATE	
CITY		STATE	ZIP CODE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RELATIONSHIP TO RETIREE <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER

PLEASE SELECT A RETIREMENT OPTION BELOW

AN OPTION MUST BE SELECTED IN ORDER FOR THIS APPLICATION TO BE COMPLETE. PLEASE READ THE DESCRIPTION OF EACH OPTION CAREFULLY LOCATED ON THE BACK OF THIS FORM AND DECIDE WHICH OPTION IS BEST FOR YOU. AFTER YOU HAVE SELECTED AN OPTION, CHECK THE APPROPRIATE BOX INDICATING YOUR CHOICE AND SIGN ON THE APPROPRIATE LINE.

<input type="checkbox"/> MAXIMUM	Retiree Signature:	Beneficiary Signature:
<input type="checkbox"/> OPTION 1	Retiree Signature:	Beneficiary Signature:
<input type="checkbox"/> OPTION 2	Retiree Signature:	Beneficiary Signature:
<input type="checkbox"/> OPTION 3	Retiree Signature:	Beneficiary Signature:
<input type="checkbox"/> OPTION 4	Retiree Signature:	Beneficiary Signature:
<input type="checkbox"/> OPTION 4-2	Retiree Signature:	Beneficiary Signature:
<input type="checkbox"/> OPTION 4-3	Retiree Signature:	Beneficiary Signature:

PLAN AND OPTION EXPLANATIONS

All retirement plans described below, with the exception of the maximum plan, result in an actuarial reduction to the maximum benefit payable to the retiree. This reduction is based on the retiree and the named beneficiary's age at the time of retirement.

IBO: The IBO will pay the retiree an initial benefit in a lump sum in an account at the time of retirement. Your monthly benefit and that of your named beneficiary will be actuarially reduced based on the amount of the lump sum you elect. You may not select Option 1 if IBO is chosen. Any future COLA's will be calculated and paid on the reduced benefit.

Maximum Plan: is the result of the retirement formula. The maximum plan pays the full monthly benefit (largest amount) the retiree is eligible to receive, but makes no provision for monthly benefits to continue to a beneficiary. Under the maximum plan, all benefits cease upon the death of the retiree.

Option 1: pays a slightly reduced benefit under the maximum. Option 1 pays a lump sum refund of the unused portion of the retiree's accumulated contributions to the named beneficiary upon the death of the retiree. Beneficiary may be changed by the retiree after the date of retirement.

Option 2: pays the same monthly benefit for life to the named beneficiary upon the death of the retiree. The beneficiary **MAY NOT** be changed after retirement/DROP effective date.

Option 3: pays 50% of the monthly benefit to the named beneficiary upon the death of the retiree. The beneficiary **MAY NOT** be changed after retirement/DROP effective date.

Option 4: pays some other monthly benefit or benefits to the retiree and/or named beneficiary. The amount of the monthly benefit or benefits to the retiree and/or beneficiary and when the beneficiary's benefit (if any) becomes payable is left to the discretion of the retiree except that the value of all benefits must be actuarially equivalent to the value of the benefit provided under the maximum. This option limits the beneficiary named to a spouse and/or minor children.

Option 4-2: pays a slightly lower benefit to the retiree than under option 2. However, if the named beneficiary predeceases the retiree, the retiree's monthly benefit will convert to the amount payable under the maximum plan. Beneficiary **MAY NOT** be changed after retirement effective date. This option limits the beneficiary named to a spouse and/or minor children.

Option 4-3: pays a slightly lower benefit to the retiree than under option 3. However, if the named beneficiary predeceases the retiree, the retiree's monthly benefit will convert to the amount payable under the maximum plan. Beneficiary **MAY NOT** be changed after retirement effective date. This option limits the beneficiary named to a spouse and/or minor children.

I hereby acknowledge that I have been given the opportunity to select the option of receiving the automatic 2½% annual cost-of-living adjustments. I understand that my option selection on this application is irrevocable and I cannot change my decision later.

Applicant's Signature

Date

AFFADAVIT

TO BE COMPLETED AND SIGNED BEFORE A NOTARY

State of _____ Parish of _____

BEFORE ME, the undersigned authority, personally came and appeared _____, who upon being first duly sworn, did depose and state that he/she has selected the _____ retirement option from the Firefighters' Retirement System, that he/she irrevocably designates as beneficiary the person whose name appears above, if applicable, that he/she: is _____ is not _____ married.

In addition, *if the IBO retirement plan was selected*, the person who came and appeared and who upon being first duly sworn, did depose and state: "I certify that I have read the application for the Firefighters' Retirement System Initial Benefit Option (IBO), and I fully understand that my retirement benefit will be actuarially reduced for my lifetime by the approximate amount of money I receive under the IBO. Additionally, my named beneficiary's benefit will be reduced for their lifetime by the approximate amount I receive under the IBO.

SWORN TO ME AND SUBSCRIBED BEFORE ME, Notary Public in and for the parish/county and state aforesaid, this

_____ day of _____, year of _____.

NOTARY PUBLIC

FIREFIGHTERS' RETIREMENT SYSTEM

PO Box 94095, Capitol Station
Baton Rouge, LA 70804-9095
Phone (225) 925-4060 * Fax (225) 925-4062

ANNUAL COST OF LIVING OPTION

Act 270, 2009 allows members who are applying for Service Retirement, IBO, or DROP to receive annually a 2 ½ percent cost-of-living increase by taking a lifetime actuarially reduced benefit. (Please note that your retirement benefits may be SIGNIFICANTLY reduced.) In general, the reduction is estimated to be 18%, but may be more or less based upon your age at the time of application, whether or not a survivor option is selected and the age of the named option beneficiary. In addition to receiving this COLA, you may also be entitled to any future COLAs granted by the FRS Board of Trustees. The decision regarding participation in the COLA option is irrevocable, meaning that you cannot change your decision at a later date.

The COLA is payable annually on your anniversary retirement date beginning after you attain age 55. You must be age 55 or older to be eligible for the COLA. If you are not age 55 after being retired for one year, then you are eligible to receive the first automatic COLA on the first retirement anniversary date after you attain age 55.

If you choose Option 2 or Option 3 and name a beneficiary who is not your spouse, the beneficiary will not be entitled to the annual automatic COLA. If your spouse is named as beneficiary and you predecease your spouse, then your spouse's annual automatic COLA is based upon the spouse's benefit being received on the effective date of the increase. The annual automatic COLA cannot be selected if you select Option 1, Option 4, Option 4-2, or Option 4-3.

The example below is an ESTIMATE based on a retiree at age 52 with a maximum monthly benefit of \$3,000.00:

	Maximum
Without COLA option	\$3,000.00
With COLA option	\$2,450.31
5 TH year anniversary date	\$2,638.72
10 th year anniversary date	\$2,985.46
15 th year anniversary date	\$3,377.78
20 th year anniversary date	\$3,821.65

Firefighters' Retirement System will not process your application for Service Retirement, IBO, or DROP unless the Annual Cost of Living Option form is correctly completed and attached to your application.

Selection of the annual automatic COLA requires an in-person or telephone discussion with an FRS staff representative before the application will be processed. Possibly causing a delay in the processing of the application.

An ESTIMATE reflecting the option amounts relating to your own retirement benefit may be received by choosing a selection below: (must check one)

- I AM NOT INTERESTED IN RECEIVING AN ESTIMATE OR SELECTING THE ANNUAL AUTOMATIC COLA OPTION
- I WOULD LIKE TO RECEIVE AN ESTIMATE FOR THE ANNUAL AUTOMATIC COLA OPTION

Signature: _____ Social Security Number: _____

Date: _____

FIREFIGHTERS' RETIREMENT SYSTEM

PO Box 94095, Capitol Station
Baton Rouge, LA 70804-9095
Phone (225) 925-4060 * Fax (225) 925-4062

ANNUAL COST OF LIVING OPTION

- I understand that if I select the annual automatic COLA option my application will not be processed until I have had either an in-person or telephone discussion with an FRS staff representative.
- I understand that I have the option of selecting an annual automatic COLA option that would provide me with an actuarially reduced retirement benefit at the time of retirement. I understand that my retirement benefits may be SIGNIFICANTLY reduced. I understand that the reduction is estimated to be 18% but may be more or less based upon my age at the time of application, whether or not a survivor option is selected and the age of the named option beneficiary.
- I understand that the annual automatic COLA option will be based upon my selected retirement benefit option. I understand that if I select the annual automatic COLA option that I may also be entitled to any future COLAs granted by the FRS Board of Trustees.
- I understand that the annual automatic COLA will be effective annually on my retirement anniversary date and is payable to any retiree who is age fifty-five (55) or older. I understand that I must be age fifty-five (55) and retired for one year to be eligible for the annual automatic COLA.
- I understand that any COLAs granted by the FRS Board of Trustees will be based on my benefit amount on the date the COLA is granted. If the annual automatic COLA is due on the same date the annual automatic COLA shall be calculated first.
- I understand that, if I select an optional retirement benefit and name my spouse as beneficiary to receive a monthly benefit upon my death, then my spouse will receive the COLA based upon the spouse's benefit on the effective date of the increase.
- I understand that if I am enrolled in DROP and have selected the annual automatic COLA option that the COLA granted on my anniversary retirement date will be credited to my monthly DROP deposit amount during my period of participation in DROP. I understand that upon retirement the annual automatic COLA option will be applied to any supplemental benefit earned after the DROP participation period.
- I understand that if I predecease my spouse the annual automatic COLA will only be payable to my surviving spouse if I have selected an optional retirement benefit leaving a monthly benefit to my spouse upon my death. My spouse would be eligible to receive the COLA upon my anniversary retirement date and based upon the date I would have attained age fifty-five (55).
- I understand that upon application for service retirement, IBO, or DROP I may request that FRS provide me with actuarial estimated benefits that I would receive if I selected the annual automatic COLA option for the fifth, tenth, and fifteenth year following my retirement.
- I understand that the decision regarding participation in the annual automatic COLA option is irrevocable, meaning that I cannot change my decision at a later date.

Signature: _____ Social Security Number: _____

Date: _____