Municipal Police Employees' Retirement System

7722 Office Park Boulevard, Suite 200
Baton Rouge, Louisiana 70809-7601
Telephone: (225)929-7411 * Toll Free: 1-800-443-4248 * Fax (225)929-6542
www.lampers.org

Request for Retirement / DROP / IBO / Early Estimate

Effective June 1, 2013, all estimate requests must be made by completing this form in its entirety and faxed to (225)929-6542 or mailed to MPERS at the above stated address. **Must be within 2 years from Retirement/DROP/IBO/Early eligibility to request an estimate. Members can obtain one free estimate per year.** Any additional estimates within 12 months of your last estimate will incur a \$25 fee due with request (make check payable to MPERS). Please allow 2-4 weeks for your estimate.

ONE FREE ESTIMATE PER YEAR PLEASE PRINT Name Date of Birth Social Security Number Mailing Address, City, State, Zip Code Single, never married, widowed Married, if your current status is married but your previous status was divorced, we must receive a copy of your divorce decree(s) prior to retirement Divorced, we must receive a copy of your divorce decree(s) prior to retirement **ENTER YOUR SPOUSE'S INFORMATION BELOW** If you are married and want to choose a beneficiary other than your spouse, your spouse must relinquish his/her rights. Only ONE beneficiary can be listed. FULL NAME OF BENEFICIARY RELATIONSHIP SOCIAL SECURITY NUMBER **CHOOSE ONE OF THE FOLLOWING** Regular Retirement / DROP Post-DROP (Must have completed DROP) IBO (Initial Benefit Option) Early (Must have 20 years of service) ESTIMATED DATE TO USE FOR ESTIMATE: _ (PLEASE DO NOT CHOOSE DATE GREATER THAN 2 YEARS FROM TODAY)

ONLY COMPLETE THIS	SECTION IE VOIL ARE VECTER AL	ND WILL RECEIVE A FUTURE BENEFIT AT AGE	
·			<u>. 50 UK 55</u>
Vested (12 years of service	ce at age 55 OR 20 years of service	at age 50) Last Day of Active Service:	
l would like my estimate del	ivered by: (Choose only one)		
Mail to address above:	Email to:	Fax to:	
I hereby understand that certifications are received		stimated and subject to change once fina	l employer
Mambara Sizuatuwa.	•		

) ______Email: ____

Telephone Number: (