

MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM

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www.lampers.org

APPLICATION FOR INITIAL BENEFIT OPTION (IBO)

**Complete both sides of application

Name	Date of Birth	Social Security Number
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Mailing Address, City, State, Zip Code

- Single never married
- Married. If your current status is married but your previous status was divorced, we must receive a copy of your divorce decree(s).
- Divorced. If your current status is divorced, we must receive a copy of your divorce decree(s).

Last Date on Active Payroll	Effective Date of Retirement Benefits	Area Code and Telephone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Check one: Number of months for lump sum

_____ 12 months _____ 24 months _____ 36 months Other: _____ months

SELECTION OF RETIREMENT PLAN OPTION – INDICATE CHOICE BY SIGNATURE

Maximum Plan - Pays largest monthly benefit retiree is eligible to receive but does not provide for a monthly benefit to be paid to a named beneficiary after the retiree's death; however, in the event the retiree dies before he/she receives in benefits an amount equal to his/her contributions, the beneficiary or estate will be paid the difference in one lump sum payment. I hereby apply for retirement under the Maximum Plan. Spouse must complete form MP-4A.

Signature: _____ Date: _____

Option 2 - Pays the retiree a monthly benefit that is reduced from the Maximum. Pays the same monthly benefit for life to the named retirement beneficiary after the retiree's death. The benefit is based on the ages of the retiree and his/her beneficiary. The beneficiary may not be changed after retirement. I hereby apply for regular retirement under the Option 2 Plan.

Signature: _____ Date: _____

Option 2a (formerly 4-1) - Pays the retiree a monthly benefit that is reduced from the Maximum. Pays the same monthly benefit for life to the named retirement beneficiary after the retiree's death. However, if the named beneficiary predeceases the retiree, the benefit amount will convert to the **Maximum Plan** and benefits will cease upon the death of the retiree. The benefit is based on the ages of the retiree and his/her beneficiary. The retirement beneficiary may not be changed after retirement. I hereby apply for regular retirement under the Option 2a Plan.

Signature: _____ Date: _____

Option 3 - Pays the retiree a monthly benefit that is reduced from the Maximum. Pays 50% of the monthly benefit for life to the named retirement beneficiary after the retiree's death. The benefit is based on the ages of the retiree and his/her beneficiary. The beneficiary may not be changed after retirement. I hereby apply for regular retirement under the Option 3 Plan.

Signature: _____ Date: _____

Option 3a (formerly 4-2) - Pays the retiree a monthly benefit that is reduced from the Maximum. Pays 50% of the monthly benefit for life to the named retirement beneficiary after the retiree's death. However, if the named beneficiary predeceases the retiree, the benefit amount will convert to the **Maximum Plan** and benefits will cease upon the death of the retiree. The benefit is based on the ages of the retiree and his/her beneficiary. The retirement beneficiary may not be changed after retirement. I hereby apply for regular retirement under the Option 3a Plan.

Signature: _____ Date: _____

RETIREMENT BENEFICIARY INFORMATION

I hereby designate the below named person as my beneficiary to receive benefits as provided under the retirement plan which I have selected above. I understand that I cannot change the designated beneficiary under any optional retirement plan or change the retirement plan selected after the effective date of retirement, except in the event of divorce as provided by R.S. 11:2224C, wherein the spouse, irrevocably, by court order relinquishes survivorship rights under the option originally selected by the retiree.

Full Name of Beneficiary	Relationship	Social Security No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Mailing Address, City, State and Zip Code

MUST COMPLETE BACK OF FORM

I. TO BOARD OF TRUSTEES:

I understand that my benefit will be actuarially reduced because I am electing to retire under the Initial Benefit Option (IBO). I also understand that my original benefit amount will not be recomputed at anytime and will remain fixed as originally computed.

Signature of Applicant

II. AGENCY CERTIFICATION – CERTIFIED TRUE AND CORRECT

Municipality: _____ Date of Last Paycheck: _____ Termination Date: _____

Authorized Signature: _____ Title: _____ Date: _____
(To be signed by Appointing Authority)

Phone Number: _____ Email Address: _____