

**MUNICIPAL POLICE EMPLOYEES' RETIREMENT SYSTEM**

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www.lampers.org

**APPLICATION FOR REGULAR RETIREMENT**

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

**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

Mailing Address, City, State and Zip Code

**AGENCY CERTIFICATION – CERTIFIED TRUE AND CORRECT**

Municipality: \_\_\_\_\_ Date of Last Paycheck: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_