

**IRREVOCABLE ELECTION FOR STABLE VALUE INVESTMENT
DROP / IBO ACCOUNT**

I, _____, acknowledge that I have certain rights regarding the interest earned on my Deferred Retirement Option Plan (DROP) account or my Initial Benefit Option (IBO) account which are protected by Article X, Section 29 of the Louisiana Constitution.

MEMBER'S INITIALS REQUIRED FOR **EACH** OF THE BELOW PARAGRAPHS

I acknowledge my rights to have my DROP / IBO account earn interest at money market investment rates guaranteed to be no less than zero.

Initials

I irrevocably elect to maintain my DROP / IBO account in the stable value investment only. I understand that the word "irrevocable" means I will not at any time be able to change my mind after I sign this election and waiver.

Initials

I understand that, by signing this election and waiver, my DROP / IBO account balance will be protected by the Louisiana Constitution. My DROP / IBO account balance will not earn interest at a rate equal to the percentage rate of return of the system's investment portfolio, as certified by the system's actuary in the annual actuarial valuation, less one-half of one percent.

Initials

I acknowledge that I may call the MPERS office and ask questions or seek additional information prior to signing this election and waiver.

Initials

I acknowledge that I have read the two-page SPECIAL NOTICE REGARDING INTEREST RATE ELECTION ON DROP ACCOUNTS, have an informed understanding of the facts and implications of this IRREVOCABLE ELECTION FOR STABLE VALUE INVESTMENT DROP / IBO ACCOUNT, and have executed this form before two witnesses as my voluntary act and deed.

Initials

I understand that if I retire prior to the year I turn 50 years of age, I may be subject to an IRS penalty if I withdraw DROP funds prior to age 59 1/2. I have reviewed the Special Tax Notice posted on MPERS website www.lampers.org.

Initials

Signed in _____, _____, _____, _____
(City) (State) (Month, Day) (Year)

Witnesses:

First Witness Signature

Member's Signature

Date

Second Witness Signature

Member's Social Security Number

Member's Phone Number

IRREVOCABLE ELECTION AND WAIVER OF CONSTITUTIONAL RIGHTS

I, _____, acknowledge that I have certain rights regarding the interest earned on my Deferred Retirement Option Plan (DROP) account or my Initial Benefit Option (IBO) account which are protected by Article X, Section 29 of the Louisiana Constitution.

MEMBER'S INITIALS REQUIRED FOR EACH OF THE BELOW PARAGRAPHS

I acknowledge my rights to have my DROP / IBO account earn interest at money market investment rates guaranteed to be no less than zero if I choose not to sign this election and waiver.

Initials

I irrevocably waive my constitutional rights regarding the interest earnings on my DROP / IBO account. I understand that the word "irrevocable" means I will not at any time be able to change my mind after I sign this election and waiver.

Initials

I understand that, by signing this election and waiver, my DROP / IBO account balance will not be protected by the Louisiana Constitution. My DROP / IBO account balance will earn interest at a rate equal to the percentage rate of return of the system's investment portfolio, as certified by the system's actuary in the annual actuarial valuation, less one-half of one percent. I fully understand the risks involved in electing this option and do hereby knowingly assume this risk.

Initials

I understand that, by signing this election and waiver, the amount of money in my DROP / IBO account will be permanently reduced if the system's investment portfolio experiences a rate of return of less than a positive one-half of one percent or a negative earnings rate. I do hereby give my permanent, ongoing consent to having money taken from my DROP / IBO account balance if the system's investment portfolio experiences a rate of return of less than a positive one-half of one percent or a negative earnings rate. In the event insufficient monies are available in my DROP / IBO account for this purpose, I consent to the suspension or reduction of my monthly retirement benefits until such time as the required debit has been recouped in full by the system.

Initials

I acknowledge that I may call the MPERS office and ask questions or seek additional information prior to signing this election and waiver.

Initials

I acknowledge that I have read the two-page SPECIAL NOTICE REGARDING INTEREST RATE ELECTION ON DROP ACCOUNTS, have an informed understanding of the facts and implications of this IRREVOCABLE ELECTION AND WAIVER OF CONSTITUTIONAL RIGHTS, and have executed this form before two witnesses as my voluntary act and deed.

Initials

I understand that if I retire prior to the year I turn 50 years of age, I may be subject to an IRS penalty if I withdraw DROP funds prior to age 59 1/2. I have reviewed the Special Tax Notice posted on MPERS website www.lampers.org.

Initials

Signed in _____, _____, _____, _____.
(City) (State) (Month, Day) (Year)

Witnesses:

First Witness Signature

Member's Signature

Date

Second Witness Signature

Member's Social Security Number

Member's Phone Number