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

l,			nowledge that I ha		
regarding th	ie interest earned on i	my Deferred Retirement On the which are protected by Art	ption Plan (DROP	) account or my	
Constitution		t which are protected by Ar	ticle A, Section 29	of the Louisiana	
Constitution	•				
MEM	BER'S INITIALS REQ	UIRED FOR EACH OF TH	HE BELOW PARA	GRAPHS	
		ghts to have my DROP / IB		nterest at money	
	market investment r	ates guaranteed to be no le	ess than zero.		
Initials					
	Lirrevocably elect	to maintain my DROP /	IBO account in t	he stable value	
		inderstand that the word "ir			
		nge my mind after I sign thi			
Initials					
	I understand that, b	y signing this election and	waiver, my DRO	P / 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				
		t portfolio, as certified by the			
		valuation, less one-half of		ı y III	
Initials	trio armaar aotaaria	randation, rose one name.	o po		
		I may call the MPERS offic		ns or seek	
- Institute	additional information	on prior to signing this elect	tion and waiver.		
Initials					
	Lacknowledge that	I have read the two-page	SPECIAL NOTIC	E REGARDING	
		ELECTION ON DROP			
	understanding of th	e facts and implications o	f this IRREVOCA	BLE ELECTION	
		JE INVESTMENT DROP /			
	executed this form	before two witnesses as my	y voluntary act an	d deed.	
Initials					
	Lunderstand that if I	retire prior to the year I turn	n 50 years of age.	I may be subject	
	to an IRS penalty if	withdraw DROP funds price	or to age 59 1/2. The	ave reviewed the	
		posted on MPERS website			
Initials					
Signed in _		,,		_,	
	(City)	(State)	(Month, Day)	(Year)	
Witnesses:					
With Cocco.					
First Witness Signature		Member's Signatur	е	Date	
Cooped Mita	ess Signature	Member's Social Security Nun	nber Memb	er's Phone Number	
Second with	iess signature	monibor o occidi occurry man			

## **IRREVOCABLE ELECTION AND WAIVER OF CONSTITUTIONAL RIGHTS**

First Witness	s Signature Member's Signature	Date		
Witnesses:				
Signed in _	(City), (State), (Month, Day)	(Year)		
Initials				
	I understand that if I retire prior to the year I turn 50 years of age, I may be subject to a IRS penalty if I withdraw DROP funds prior to age 59 ½. I have reviewed the Special Tax Notice posted on MPERS website www.lampers.org.			
Initials	the state of a second state of	e subject to o		
la:ticle	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				
Initials	I acknowledge that I may call the MPERS office and ask questions additional information prior to signing this election and waiver.	or seek		
luidia la	I understand that, by signing this election and waiver, the amount of money IBO account will be permanently reduced if the system's investment portfol a rate of return of less than a positive one-half of one percent or a negative I do hereby give my permanent, ongoing consent to having money taken from IBO account balance if the system's investment portfolio experiences a rates than a positive one-half of one percent or a negative earnings rate, insufficient monies are available in my DROP / IBO account for this purpose the suspension or reduction of my monthly retirement benefits until such required debit has been recouped in full by the system.	lio experiences e earnings rate om my DROP ate of return o In the even se, I consent to		
Initials	knowingly assume this risk.			
Illiudis	I understand that, by signing this election and waiver, my DROP / IBO account be protected by the Louisiana Constitution. My DROP / IBO account be interest at a rate equal to the percentage rate of return of the system portfolio, as certified by the system's actuary in the annual actuarial valuation half of one percent. I fully understand the risks involved in electing this hereby	alance will ear n's investmer tion, less one		
Initials	I irrevocably waive my constitutional rights regarding the interest earnings IBO account. I understand that the word "irrevocable" means I will not at able to change my mind after I sign this election and waiver.	on my DROP any time be		
Initials	I acknowledge my rights to have my DROP / IBO account earn interest at investment rates guaranteed to be no less than zero if I choose not to sign and waiver.	money marke n this election		
MEME	BER'S INITIALS REQUIRED FOR <u>EACH</u> OF THE BELOW PARAGE	RAPHS		
egarding the nitial Benefit constitution.		he Louisian		
	, acknowledge that I have	certain rights		