

Louisiana Department of Children and Family Services

To: Louisiana State Employee's Retirement System  
P. O. Box 44213  
Baton Rouge, LA 70804-4213

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Cost Center Manager or Authorized Representative

**RE:** Social Security Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
OFS I.D. Number: \_\_\_\_\_

Please let us have the following information from you records for the above-named beneficiary:

- ☐ Effective Date of Retirement \_\_\_\_\_ ☐ Amount Refunded \$ \_\_\_\_\_
- ☐ Amount of Monthly Retirement Benefit \$ \_\_\_\_\_ ☐ Date of Refund \_\_\_\_\_
- ☐ Other (Specify): \_\_\_\_\_
- ☐ If early withdrawal of retirement funds, what is the dollar amount of the penalty? \$ \_\_\_\_\_

\_\_\_\_\_  
Executive Secretary,  
Louisiana State Retirement System

---

**Return To:**