

	Agency Name		Office of Family Support (OFS)		
	Chapter No./Name		06 - Personnel Manual		
	Part No./Name		Y. Forms and Forms Instructions		
	Section No./Name		Y-500 Retirement Forms and Forms Instructions		
	Document No./Name		LASERS 09-3 Request for Withdrawal from DROP/IBO Account (LASERS 9-3)		
	Dates	Issue	August 1, 2005	Effective	August 1, 2005

STOCKED: The current version of the form is available on the LASERS website at http://www.lasers.state.la.us/Agency_Information/

➤ PURPOSE

To request withdrawal of funds from the Deferred Retirement Option Plan Program (DROP) or the Initial Benefit Option (IBO) and to establish the method of withdrawal.

➤ PREPARATION

Employee, with assistance as needed from the Manager, completes form upon termination of DROP participation and state employment.

➤ DISPOSITION

Employee submits form to the Retirement System (LASERS).