



Teachers' Retirement System of Louisiana
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 www.TRSL.org • web.master@trsl.org

Form 2AC (04/17)

01-AC

Active Member Change of Address Authorization

Save trees & your time! Active members (not participating in DROP) can change their address online through TRSL's secure MEMBER ACCESS... no paper forms to mail or fax! If you're not already registered, visit our website at www.TRSL.org, click on "MEMBER ACCESS" at the top right of the screen, and follow the instructions to create a user ID and password. Once registered, you can view your personal retirement information, like beneficiary designations and service credit, and enjoy other self service features, such as creating a benefit estimate or applying for retirement.

Print in ink or type all entries except signatures.

Member information

Name: Last, first, MI, suffix (Jr., III, etc.)		<input type="checkbox"/> Check here if name change	Social Security number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%; height: 20px;"> </td> </tr> </table>											
Daytime telephone ()	Evening telephone ()													

New mailing address

Street address, if mailing address is a post office box

City, state, zip

Signature of authorization*

Signature of member or authorized agent (Do not print or type)	Date signed (mm-dd-yyyy)
▶	

*If you sign with an "X," this authorization must be witnessed

We, _____ and _____, the undersigned competent witnesses, hereby acknowledge and attest that the above-named member appeared before us and personally signed the above in our presence this _____ day of _____, _____ (Month) / _____ (Year).

Signature of witness (Do not print or type)	Signature of witness (Do not print or type)
▶	▶
Street / P.O. Box	Street / P.O. Box
City, state, zip	City, state, zip