



Teachers' Retirement System of Louisiana

Form 11R (02/15)

8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017

P.O. Box 94123 • Baton Rouge, LA 70804-9123

Telephone: 225-925-6446 • Fax: 225-925-4779

Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)

www.TRSL.org • web.master@trsl.org

Direct Deposit of DROP or ILSB Withdrawal Instructions

Print in ink or type all entries except signatures. All sections of the form should be completed at the financial institution chosen for direct deposit. This form should not be altered in any way.

Use *Direct Deposit of Benefits* (Form 15D) for the direct deposit of regular retirement benefits, found on www.trsl.org.

Section 1 — Benefit Recipient Information:

Should be completed by the person who receives the benefit. If your mailing address has changed, notify TRSL by putting the new address in this section and checking the box, "Check here if address change."

If this is a new direct deposit setup, a change to a new bank, or a change of your account number with the same bank, check the applicable box. Bank officials are not required to sign Section 3 if the form is being submitted to report a change of your account number with the same bank. Section 1 must be signed by the benefit recipient.

Section 2 — Joint Signer Information:

Not required if spouse is the joint signer. Other joint signers must be listed. For more than one joint signer, complete *Addendum to Direct Deposit of Benefits—Nonspousal Joint Signer(s)* (Form 15JS) identifying each joint signer.

Section 3 — Financial Institution Agreement:

Should be completed by bank officials. Bank officials must verify all bank account information for accuracy. **They must also sign and date the agreement.**

When are benefits posted?

With direct deposit, benefit payments are made available for deposit into your checking or savings account on the 15th day of the month. If the 15th falls on a weekend or holiday, the direct deposit will be available for your financial institution to post to your account on the next business day.

Direct deposits cannot be processed on a weekend or federal holiday because these are non-banking days for the Federal Reserve Bank. If you need account information regarding the posting of your payment, you should contact your financial organization.

Direct deposit forms received by the last day of the previous month will be processed for the current month. For example, a May DROP or ILSB withdrawal would be sent electronically if the request was received by April 30.

TRSL cannot guarantee that direct deposit requests received after the first of the month can be processed for the current month. However, you should check with your bank on the 15th and not assume that the request could not be processed on time.

TRSL prints direct deposit payment stubs at the establishment of direct deposit, each December, and when the net benefit changes. If you have any questions about direct deposit of DROP or ILSB withdrawals, contact TRSL at 225-925-6446 or toll free at 1-877-275-8775.

NOTE: Your first benefit payment will be sent by check through the mail. Subsequent benefits will be sent electronically to your financial institution.



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05-11R

**Form may not
be altered**

Direct Deposit of DROP or ILSB Account Withdrawals

Direct deposit payment stubs are mailed only when one of the following occurs: (1) establishment of direct deposit, (2) change in net pay, or (3) at the end of the calendar year.

TRSL offers Member Access, which gives you secure, online access to your retirement account. To register, visit www.trsl.org, and follow the easy instructions.

Section 1 — Benefit recipient information

Name: Last, first, MI, suffix (Jr., III, etc.)		Check here if address change <input type="checkbox"/>	Social Security number
Daytime telephone ()	Evening telephone ()		<input type="text"/>
Mailing address		Please check one:	
City, state, zip		<input type="checkbox"/> This is a new direct deposit setup or a change to a new bank. (Section 3 required)	
Email address		<input type="checkbox"/> This is a change of my account number with my same bank. (Section 3 - Financial officer signature not required)	

I authorize and request Teachers' Retirement System of Louisiana (TRSL) to direct the net amount of my monthly/annual Deferred Retirement Option Plan (DROP) or Initial Lump-Sum Benefit (ILSB) withdrawal for crediting to my account at the financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until canceled by written notice from me to TRSL.

My signature authorizes TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent, but not due, in the event that my death has occurred.

I further authorize the financial organization designated below to release to TRSL, upon request, any and all information regarding my bank account designated below.

Recipient's signature (Do not print or type)	Date signed (mm-dd-yyyy)

Section 2 — Information about joint signer (if applicable)

Name of joint signer (if any): Last, first, MI, suffix (Jr., III, etc.)		Social Security number
Relationship to recipient	Telephone ()	<input type="text"/>
Street address only	City, state, zip	

NOTE: For additional joint signers, complete TRSL's Addendum to Direct Deposit of Benefits — Nonspousal Joint Signer(s) (Form 15JS).

Section 3 — Financial institution agreement

Name of financial organization	Account information
Address: Street / P.O. Box	ACH routing number
City, state, zip	<input type="text"/>
	Bank account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> ATM
	<input type="text"/>

In consideration of Teachers' Retirement System of Louisiana (TRSL) making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay, subject to disposition required by law and banking guidelines, the amount of any funds on deposit in the recipient's account at the time of demand that are due TRSL by reason of death of the retiree. We further agree to accept the certification of TRSL as to the date of death of such payee as sufficient evidence of date of death. In the event that we learn of the payee's death before TRSL, we agree to notify TRSL of the death and return any payments received after the death of payee to the extent that funds are available.

Dated at _____ this _____ day of _____, _____.

Signature of financial officer (Do not print or type)	Name and title of financial officer (Print or type)	Telephone ()	Toll-free number

Return original or fax to Teachers' Retirement System of Louisiana