



Teachers' Retirement System of Louisiana
 8401 United Plaza Boulevard • Baton Rouge, LA 70809-7017
 Telephone: (225) 925-6446
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
 www.TRSL.org • web.master@trsl.org

Form 15PA (05/18)

02-15PA

Submit original form ONLY. No copies, faxes, or scans are accepted.

Affidavit for Power of Attorney

Print in ink or type all entries except signatures. This form must be completed when anyone other than a retiree of the Teachers' Retirement System of Louisiana (TRSL) manages the affairs of the retiree relative to his TRSL benefits. Section 2 must be completed and signed in the presence of a notary when establishing a new power of attorney with TRSL. Section 3 must be completed and signed in the presence of a notary for TRSL to accept an existing power of attorney.

Section 1 — Retiree

Name: Last, first, MI, suffix (Jr., III, etc.)

Retiree's Social Security number

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Section 2 — Affidavit designating new power-of-attorney

State of _____ Parish/County of _____

BEFORE ME, the undersigned authority, personally came and appeared the above-named retiree to me well known, who declared that he/she does nominate, constitute, and appoint _____, a resident of _____ Parish / County, state of _____, his/her agent and attorney-in-fact to act in his/her name, place, and stead in the matter to conduct, manage, and transact all and singular his/her affairs, business, concerns, and matters relative to payments disbursed to him/her by the Teachers' Retirement System of Louisiana.

Retiree's signature (DO NOT PRINT OR TYPE)

Daytime telephone

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SWORN AND SUBSCRIBED before me, Notary Public in and for the parish / county and state aforesaid, this _____ day of _____, 20____ year.

Notary Public Identification / Bar Roll Number

Notary Public name, printed

Notary Public signature

Section 3 — Affidavit accepting existing power-of-attorney

I, _____, name of agent, accept the power of attorney for the above-named retiree and understand that this power of attorney ceases at the death of the individual granting the power of attorney. I also accept full responsibility for notifying the TRSL of the death of the individual and returning any checks to TRSL that were received after the death of the individual granting me this power of attorney.

Agent's name: Last, first, MI, suffix (Jr., III, etc.)

Agent's Social Security number

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Street / P.O. Box

City, state, zip

Daytime telephone

Evening telephone

Relationship to retiree

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Agent's signature (DO NOT PRINT OR TYPE)

Date

SWORN AND SUBSCRIBED before me, Notary Public in and for the parish / county and state aforesaid, this _____ day of _____, 20____ year.

Notary Public Identification / Bar Roll Number

Notary Public name, printed

Notary Public signature