



Benefit Estimate Request (Form 10)

03-10
rev. 07/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
		8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org

To have an estimate sent to your mailing address, complete form below and return to TRSL. Please allow up to four weeks for a response. You can also create an unofficial estimate yourself by using the benefits calculator which is available through Member Access at www.TRSL.org/memberaccess.

NOTE: Incomplete or improperly completed forms will be returned to you. Depending upon your membership date, TRSL will use an average of your highest three or five years of consecutive reported earnings to compute your estimate for retirement or DROP deposit amount. Please see TRSL's booklet "Planning for Your Retirement" for more detailed information on preparing for your retirement or DROP participation and what final average compensation may be used for you.

Current salary projections and leave conversions are not considered for estimates. Estimates are computed based on information that has been currently provided to TRSL by your employer(s).

Section 1 — Member information

Name: Last, first, MI, suffix (Jr., III, etc.)		Date of birth (mm/dd/yyyy)	Social Security number (###-##-####)
Street address / PO box		City, state, zip	
Daytime telephone (include area code)	Alternate telephone (include area code)	Email address	

If you are interested in beneficiary options, please complete the following portion:

Beneficiary name(s)	Beneficiary date of birth (mm/dd/yyyy) — Not necessary if more than one beneficiary listed
Beneficiary(ies) gender	Beneficiary(ies) relation to member

Section 2 — Estimate information

Type of estimate(s) desired:		Projected date of retirement (mm/dd/yyyy): <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<input type="checkbox"/> Service	<input type="checkbox"/> Initial Lump-Sum Benefit (ILSB) — <i>Must meet eligibility requirements for DROP</i>	
<input type="checkbox"/> Entering DROP <i>(Deferred Retirement Option Plan)</i>	<input type="checkbox"/> Disability <i>(Minor child benefits are only applicable to members who first joined one of the four statewide retirement systems prior to January, 1, 2011. Please indicate below if you have minor children.)</i>	
<input type="checkbox"/> Retiring after DROP	Minor children? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES" provide youngest child's date of birth (mm/dd/yyyy): _____	

2.5% Annual COLA Option (ACO) — The ACO is a retirement option that allows a retiring member to receive a guaranteed annual 2.5% cost-of-living adjustment (COLA) by accepting an **actuarially reduced retirement benefit**. Please check the box below **ONLY** if you are interested in receiving a benefit comparison estimate.

YES, I would like to receive a 2.5% ACO estimate.

Section 3 — Signature

I hereby understand that the figures I will receive are estimated and subject to change once final employer certifications are received at the time of my retirement.

Signature (DO NOT PRINT OR TYPE)	Date of request (mm/dd/yyyy)
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