



Change of Address Authorization (Form 2AC)

For active members, retirees, survivors, beneficiaries, & alternate payees

01-AC
rev. 02/21

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	<i>web.master@trsl.org</i>	(225) 925-4779

ACTIVE MEMBERS (not participating in DROP): You can change your address online through TRSL's secure Member Access. If you're not already registered, visit our website at *www.TRSL.org*, click on "Member Access," and follow the instructions to create a user ID and password. Once logged into your account, select "Change Your Mailing Address" from the "My Self-Service" drop-down menu across the top of the page.

RETIRED MEMBERS/BENEFIT RECIPIENTS: For your security, TRSL requires this form, or written notice, including a signature, for the address changes of benefit recipients.

Section 1 — Member/benefit recipient information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Daytime telephone number (include area code)	Email address
NEW Street address / PO box	NEW City, state, ZIP

RETIRED MEMBERS/BENEFIT RECIPIENTS:
 Would you like to have a direct deposit form mailed to you? Yes No **All TRSL forms are available at www.TRSL.org**

Section 2 — Signature of authorization

Signature of member/retiree/benefit recipient or authorized agent (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)