



# Addendum to Direct Deposit of Benefits — Nonspousal Joint Signer(s) (Form 15JS)

**10-15JS**  
rev. 12/20

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

**This form is required  
for *NONSPOUSAL*  
joint signers only.**

This form is an addendum to TRSL's direct deposit forms (15D and 11R) and is to be used when there is more than one joint signer on a direct deposit account. Complete Sections 1 and 2 below and attach this form to the applicable direct deposit form.

**Section 1 - Benefit recipient information**

Recipient's name: Last, first, MI, suffix (Jr., III, etc.)	Recipient's Social Security number (###-##-####)
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**Section 2 - Joint signer(s)**

Joint signer's name: Last, first, MI, suffix (Jr., III, etc.)	Joint signer's Social Security number (###-##-####)
Relationship to recipient	Daytime telephone ( <i>include area code</i> )
Street address / PO box	City, state, zip
Signature of retiree or authorized agent (DO NOT PRINT OR TYPE)	Date signed ( <i>mm/dd/yyyy</i> )

Joint signer's name: Last, first, MI, suffix (Jr., III, etc.)	Joint signer's Social Security number (###-##-####)
Relationship to recipient	Daytime telephone ( <i>include area code</i> )
Street address / PO box	City, state, zip
Signature of retiree or authorized agent (DO NOT PRINT OR TYPE)	Date signed ( <i>mm/dd/yyyy</i> )

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