

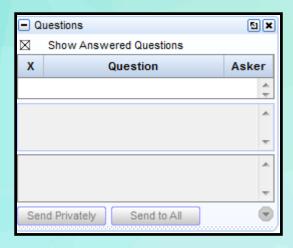
TRSL Retirement Class of 2022

Friendly reminders

- This presentation contains general information.
- It is meant to be used as a guide during the webinar.
- All participants are muted during the webinar.
- Have a question?
 - » Type your question in the Questions area. The moderator will see it and respond.
 - » There will be a question-and-answer period at the end of the webinar.
- Please maximize your screen size to have full use of the webinar's features.

Go To Webinar features





Download handouts from today's webinar here.



What do you want to learn today?



When will I be eligible to retire?

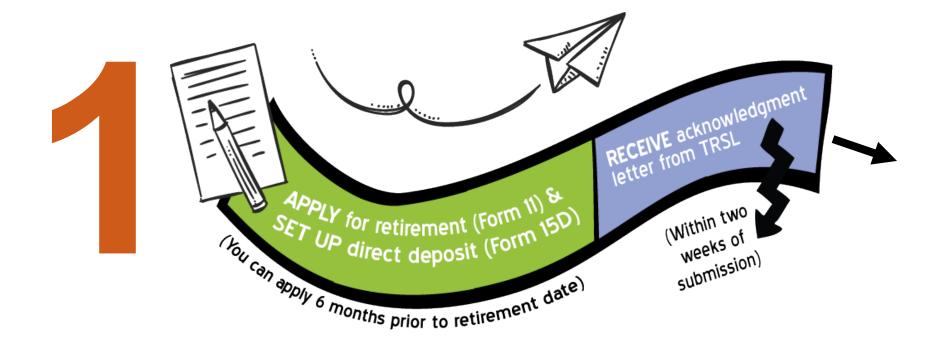
- TRSL members must meet certain age and service credit requirements to retire.
- Eligibility requirements are based upon the plan you are in <u>and</u> when you first became a member of one of Louisiana's four state public retirement systems.



Please see TRSL's Member Handbook for retirement eligibility.

Because DROP/ILSB eligibility may differ, see DROP Handbook & ILSB brochure for more information.

STEP 1: Submit forms to TRSL



- You will need to complete all purchases, transfers, and/or reciprocals of service credit before the effective date of retirement or entering DROP.
- TRSL recommends you coordinate your retirement or DROP beginning date with your employer. Your employer will verify your service credit and sick leave.

Applying for retirement

There are two ways you can apply for retirement:



Apply online through **MEMBER ACCESS**: www.TRSL.org/memberaccess



Submit Form 11 & Form 15D

- Application for Service Ret., ILSB, or DROP (Form 11)
- Direct Deposit of Benefits (Form 15D)

Members entering DROP: Submit Form 11 (only) to enter DROP.

Members retiring after DROP: Submit Form 11H & Form 15D to retire.

Apply through Member Access

 Select "Apply for Retirement" from the "My Retirement" dropdown menu.



Employment Summary

Apply through Member Access

	Application for Service Retirement, ILSB, or DROP					
Applications may be canceled before cashing any benefit check, including estimated benefit payments and direct deposits. Your application may be submitted within six months before your effective retirement/DROP date. It is your responsibility to submit you application before your selected retirement/DROP date.						
Your retirement information (Must be completed)					
Select one:			Date of retirement/DROP begin date			
○ Service — 06-11A	□ ILSB — 06-11A5	○ DROP — 06-11F	(mm/dd/yyyy)			
	timate of REDUCED be fields must be complete	enefits based on the self-f	unly if you are considering ACO. unded Annual COLA Option (ACO). Your Social Security number			
Traine. Ease, mise, mi, sum (or	ii, iii, eteij	**	Tour Social Security Humber			
Street address/P.O. Box		**	Your date of birth			
City	State ** LA-LOUISIANA	Zip - **	Name of Employer			
Home/cell telephone* * include area code	Work telephone*					
Months of contract			Job title			
9 9 10 9 11 9 12						

Information for you and your spouse will automatically load from your account, but you will be able to make changes, if necessary.

Application for Service Retirement, ILSB, or DROP

Cog date, 59 Name tast, 1st., Mt, substitut, 1st, etc.) Doe of notice received process and substituted from submitted. Service (16-11A)									
DON'TO BADD Librard Flaus High, Sex 200 etc. marked motor of process of the control of the contr		e Retirement, II	LSB, or DROP		Your Social Security number				
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Sent United Place Bild, Ser 200 Contract Interview (Contract Int		EMAIL	FAX		Name: Last, hist, MI, suffix Ur., II, et	tc)	Primary	Social Security number (###-##	r-####) - JACG
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Service (0.0.1.1.4) ISSQ (0.0.1.1.2.5) DISCP (0.0.1.2.5) D					City, state, zip		%		
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2. Advantage information MUST UK CONTELLED The first list first product production of the second control of t	Service (06-11A) ILSB (06-11A5)	DROP (06-11F)			Street address / FO box				
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See a state of the complete of			An affect well be contacted	ner manier a constrat entraned	Name: Last, first, MI, suffix (In, III, et	tc)	Primary	Social Security number (### ##	बसमा) - Atta
Section 6 - Writhfolding continues of seminary forms submitted.	s / PO box			ne receive a copy or your caro.	Street address / PO box				
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See reverse to complete and sign application. See reverse to complete and sign application. See reverse to complete and sign application. See reverse to complete and sign application. See complete and sign application. See complete and sign application. See reverse to complete and sign application.	e: (Please attach applicable documents, such as judgments of divorce	e, death certificate, etc.)	An affidavit will be sent after	we receive a copy of your card.	must withhold federal income If withholding and estimated t	tax according to a filing status of married with ax payments are not sufficient, you could incur	three exemptions, wi penalties under IRS re	nich could result in your not ha egulations. Complete the foll e	ving enough owing app
## 1. Section 5. Complete ONLY if you are considering ILSB. Not applicable for DROP. Part of to receive a reduced retirement benefit based on the maximum lump sum Part of the Edition of the Editi	Never married Married Divorced* Re	e-married Legally separ	rated* Widowed*		1. Lelect not to have t	ax with held from my pension or annuity. Does	not apply to foreig	n check address.	
n 3 - Initial lumps Sum Benefit (ILSB) - Complete ONIX if you are considering ILSB. Not applicable for DROP. elect to receive a reduced elitement benefit based on the maximum lump sum. elect to receive a reduced elitement benefit based on the following amount: \$	ouse's name: Last, first, MI, suffix (Jr., III, etc.)		Spouse's date of birth (mm/de	dfyyyy) - Attach proof of birth date	If you checked #1, do not com	nplete #2 or #3 below. To complete #2, you mu	st uncheck box #1, se	elect a marital status, AND ente	r number o
leact to receive a reduced retirement benefit based on the rollowing amount \$									
1 eact to receive a reduced retirement benefit based on the relationary amount. \$		•	lering ILSB. Not applicat	ole for DROP:					Ente
payments, you cannot enter an amount here without entering the number (including zero) of allowances on Line 2) 14 - Annual COLA Option (ACO) - Complete ONLY if you are considering ACO. Section 6.4. Withholding certificate signature (Not applicable for DRC) Settion 7 - DROP/ILSB account benefits based on the self-funded Annual COLA Option (ACO). 15 - Beneficiary designation - At a lister date; you will receive an administry of estimated benefits on which you will showe your retirement option first. Mit sufficial, literacy if no beneficiary designation for DROP and ISB Accounts from 38 to designate in DROP or ILSB.) Choose and initial next to only one option:	elect to receive a reduced retirement benefit based on the	a maximum lump sum							of al
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Choose and Initial next to only one option: Man elitidant wall be sent after we receive a copy of card					Section 7 - DROP/ILSB a	ccount beneficiaries (Complete ONLY	if you elect to pa	rticipate in DROP or ILSB.)
will complete a Beneficary Designation for DROP and IISB Accounts (Form 38) to designate my DROP/LSB account beneficiary), exit this spoton, I understand that if Tail its submit a completed form 38 prior to my date of death and I am nor married, 100% of m balance will be paid to my spouse and the remaining funds will be made to my spouse and the remaining funds will be made to my spouse and the remaining funds will be made to my state. On I am married, 50% of my account balance will be paid to my spouse and the remaining funds will be my state. I spouse a more of the model of my spouse and the remaining funds will be my state. Section 8 - Signature of application to the processed.) Section 8 - Signature of application in the completed for application to the processed. I hereby make application for retrement in accordance with Louisians laws. There carefully read the instructions and made the appropriate designation (if) in one of receive an acknowledgment letter by mail approximately two weeks after the date. The splication if I do not receive an acknowledgment letter by mail approximately two weeks after the date. The splication if I do not receive an acknowledgment letter, I will contact TR3. Date signature of application if I do not receive an acknowledgment letter by mail approximately two weeks after the date. The application if I do not receive an acknowledgment letter by mail approximately two weeks after the date. The processed is application if I do not receive an acknowledgment letter by mail approximately two weeks after the date. The processed is application if I do not receive an acknowledgment letter by mail approximately two weeks after the date. The processed is application if I do not receive an acknowledgment letter by mail approximately two weeks after the date. The processed is application if I do not receive an acknowledgment letter by mail approximately two weeks after the date. The processed is application if I do not receive an acknowledgment letter by mail approximately two week	first, MI, suffix (Ir., III, etc.) If no beneficiary desired, enter "No Be	neficiary, * DO NOT LEAVE BLANK.	. Beneficiary's Social Security n	umber (#4#-#4-#4##)	Choose and initial next to o	only one option:			
next to this option, i undestrated that if if all to submit a completed form 3B prior to my date of death and iam not married, 100% of in balance will be paid to my estate; or if iam married, 50% of my account balance will be paid to my estate; or if iam married, 50% of my account balance will be paid to my estate; or if iam married, 50% of my account balance will be paid to my estate; or if iam married, 50% of my account balance will be paid to my estate; or if iam married, 50% of my account balance will be paid to my estate. **REQUIRED** Section 8 - Signature of applicant (**Must be completed for application to be processed.**) Thereby make application for retirement in accordance with Louisians laws. These carefully read the instructions and made the appropriate designation (f) in on traceve an acknowledgment letter by mail approximately two weeks after the date. The application if ido not receive an acknowledgment letter, I will contact TRS. **See reverse to complete and sign application.** **Instructions and made in mot married, 100% of my account balance will be paid to my estate. **REQUIRED** Section 8 - Signature of applicant (**Must be completed for application to be processed.**) Thereby make application for retirement in accordance with Louisians laws. These carefully read the instructions and made in the paid to my estate. **REQUIRED** Section 8 - Signature of applicant (**Must be completed for application to be processed.**) Thereby make application for retirement in accordance with Louisians laws. These carefully read the instructions and made in the paid to my estate. **REQUIRED** Section 8 - Signature of applicant (**Must be completed for application to be processed.**) Thereby make application for retirement in accordance with Louisians laws. These carefully read the instructions and made in the paid to my estate. **REQUIRED** Section 8 - Signature of applicant (**Must be completed for application to my estate.**) **REQUIRED** Section 8 - Signature of applicant (**Must be completed	700 h			we receive a copy of card					
To my estate. Production to designate a specific monthly enter that amount for your beneficiary to receive after your death, enter that amount here: See reverse to complete and sign application.	ress / PO Dox		City, state, zip		next to this option, I unders	tand that if I fail to submit a completed Form 3	B prior to my date of	death and I am not married, 10	00% of my a
ryou want to designate a specific monthly neefit amount for your benefitdary to receive after your death, enter that amount here: See reverse to complete and sign application.			Date of birth (mm/dd/yyw)	Attach proof of birth date		estate, or if I am married, 50% of my account b	alance will be paid to	my spouse and the remaining	tunds will b
Thereby make application for retirement in accordance with Louisians laws. These carefully read the instructions and made the appropriate designation (g) in Section 5. Understand that I should receive an acknowledgment letter by mail approximately two weeks after the date. The application if I do not receive an acknowledgment letter, I will contact TRSI. See reverse to complete and sign application. Date signed. Please complete and sign application.	If you want to designate a specific monthly	on 4 and 4A amount			*REQUIRED* Section 8	3 - Signature of applicant (Must be co	npleted for applic	cation to be processed.)	
See reverse to complete and sign application. 7.5 (Form 15D) is also required. Please complete and submit to TRSL. (Not applicable for DRO	enefit amount for your beneficiary to receive		Relationship		designation(s) in Section 5.1 un	nderstand that I should receive an acknowledgr	nave carefully read the nent letter by mail ap	e instructions and made the ap proximately two weeks after th	propriate be e date TRSL
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x 04/122 & Paton Pourse A. 7/00/A 01/22 & 1.9.77 ASY DSJ (4.9.77 275 9.775) a usual statement to TRSL. (Not applicable for DRO	See reverse to com	plete and sign app	olication.						
x 94123 • Baton Rouge, LA 70804-9123 • 1-877-ASK-IRSL (1-877-275-8775) • www.TRSL.org • web.m						its (Form 15D) is also required. Pleas	e complete and sub	mit to TRSL. (Not applicable	for DROP
	x 94123 • Baton Rouge, LA 70804-9123 • 1-87	7-ASK-TRSL (1-877-275	5-8775) • WWV	FORK		LA 70804-9123 • 1-877-ASK-1	RSL (1-877-275-8	8775) • www.TRSL.org •	web.ma.

Form 11 – Sections 1 & 2

Section 1 - Retirement information (M	iust be completed)		
Check one:			Date of retirement/DROP begin date (mm/dd/yyyy)
Service (06-11A)	06-11A5) DROP	(06-11F)	
Section 2 - Member information (MU:	ST BE COMPLETED)		
Name: Last, first, MI, suffix (Jr., III, etc.)			Your Social Security number (###-##-###)
			An affidavit will be sent after we receive a copy of your card.
Street address / PO box			City, state, zip
Home/cell telephone (include area code)	Email address		Date of birth (mm/dd/yyyy) - Attach proof of birth date
Work telephone (include area code)			Job title
<u> </u>		70	
Name of employer		Months of contract	Spouse's Social Security number (###-##-###)
	25 V 100 100 200 10 100	THE PART OF THE PART OF	An affidavit will be sent after we receive a copy of your card.
Check one: (Please attach applicable documents, such a	s judgments of divorce, death co	ertificate, etc.)	
Never married Married	Divorced* Re-married	l Legally separa	ated* Widowed*
Current spouse's name: Last, first, MI, suffix (Jr., III, etc.)			Spouse's date of birth (mm/dd/yyyy) - Attach proof of birth date
A.			1

Form 11 – Sections 3, 4, & 5

Section 3 - Initial Lump-Sum Benefit (ILSB) - Complete ONLY if you are co	considering ILSB. Not applicable for DROP.	
I elect to receive a reduced retirement benefit based on the maximum lump sum.		
I elect to receive a reduced retirement benefit based on the following amount.	\$.00	
Section 4 - Annual COLA Option (ACO) - Complete ONLY if you are con:	nsidering ACO.	
Yes, I wish to receive an estimate of REDUCED benefits based on the self-funded	d Annual COLA Option (ACO).	
Section 5 - Beneficiary designation - At a later date, you will receive an affidavit of e	estimated benefits on which you will choose your retirement opti	on.
Name: Last, first, MI, suffix (Jr., III, etc.) If no beneficiary desired, enter "No Beneficiary." DO NOT LEAVE E	E BLANK. Beneficiary's Social Security number (###-#####)	
	An affidavit will be sent after we receive a copy of card.	
Street address / PO box	City, state, zip	
	Date of birth (mm/dd/yyyy) - Attach proof of birth date	
If you want to designate a specific monthly Option 4 and 4A amount		
benefit amount for your beneficiary to receive after your death, enter that amount here:	Relationship	

Form 11 – Section 5A

Section 5A - Additional Option 1 beneficiaries (NOT applicab	ole for ILSB retireme	ent)
Name: Last, first, MI, suffix (Jr., III, etc.)	Primary	Social Security number (###-##-####) - Attach copy of card
Street address / PO box	Contingent	Date of birth (<i>mm/dd/yyyy</i>) Relationship
City, state, zip	%	
Name: Last, first, MI, suffix (Jr., III, etc.)	Primary	Social Security number (###-##-####) - Attach copy of card
Street address / PO box	Contingent	Date of birth (mm/dd/yyyy) Relationship
City, state, zip	%	
Name: Last, first, MI, suffix (Jr., III, etc.)	Primary	Social Security number (###-##-####) - Attach copy of card
Street address / PO box	Contingent	Date of birth (mm/dd/yyyy) Relationship
City, state, zip	%	
Check here if additional beneficiary forms submitted.		

Form 11 – Sections 6 & 6A

Section 6 - Withholding Certificate for Pension or Annuity Payments (Form W-4P) (Not appli	cable for DROP retirement)				
The amount of withholding on your monthly distribution is dependent on the number of exemptions claimed. This section must be completed to notify TRSL of your tax filing status. You can choose not to have income tax withholdings deducted from your benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions, which could result in your not having enough tax withheld. If withholding and estimated tax payments are not sufficient, you could incur penalties under IRS regulations. Complete the following applicable lines:					
1. I elect not to have tax withheld from my pension or annuity. Does not apply to foreign check address.					
If you checked #1, do not complete #2 or #3 below. To complete #2, you must uncheck box #1, select a marital status, AN	D enter number of allowances.				
2. I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on Line 3.) Marital status: Single Married Married, but withhold at higher single rate	Enter number of allowances				
3. I want the following additional dollar amount withheld from each pension or annuity payment: (NOTE: For period payments, you cannot enter an amount here without entering the number (including zero) of allowances on Line					
Section 6A - Withholding certificate signature (Not applic	able for DROP retirement)				
Member's signature (DO NOT PRINT OR TYPE)	Date signed (<i>mm/dd/yyyy</i>)				

Form 11 – Sections 7 & 8

Section 7 - DROP/ILSB account beneficiaries (Complete ONLY if you elect t	o participate in DROP or ILSB.)				
Choose and initial next to only one option:					
I wish to designate my spouse listed in Section 2 as sole beneficiary of my DROP/ILSB account.					
I will complete a <i>Beneficary Designation for DROP and ILSB Accounts</i> (Form 3B) to designate my DROP/ILSB account beneficiary(ies). By initialing next to this option, I understand that if I fail to submit a completed Form 3B prior to my date of death and I am not married, 100% of my account balance will be paid to my estate; or if I am married, 50% of my account balance will be paid to my spouse and the remaining funds will be paid to my estate.					
REQUIRED Section 8 - Signature of applicant (Must be completed for a	application to be processed.)				
I hereby make application for retirement in accordance with Louisiana laws. I have carefully re designation(s) in Section 5. I understand that I should receive an acknowledgment letter by m application. If I do not receive an acknowledgment letter, I will contact TRSL.					
Applicant's signature (DO NOT PRINT OR TYPE)	Date signed (mm/dd/yyyy)				
NOTE: A Direct Deposit of Benefits (Form 15D) is also required. Please complete and	d submit to TRSL. (Not applicable for DROP retirement.)				

Termination of Employment at End of DROP Participation/Employment

20 .	Termination of Employmen	nt at End of DROP		05-11H
Teachers' Retirement System of Louisiana	Participation/Employment	(Form 11H)		rev. 11/20
ноw то	DROP OFF or MAIL IN	EMAIL	FAX	Reviewed by Processing
SUBMIT:	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-6366	Trocessing
AVE TIME! Apply onli	ne through Member Access at www.TRSL.org	Select"Apply for retirement" un	der the "My Retire	ment" tab.
ither during or after D our retirement may be tter will be sent withir	ntries except signatures. Complete Sections 1- DROP participation). If you continue employme canceled prior to negotiating any benefit che a two weeks from the receipt of your applicati	nt after DROP, you will be autom ck, including estimated benefit p	atically re-enrolled i ayments. An ackno	in TRSL. wledgment
Section 1 - Member in ame: Last, first, MI, suffix (k		Social Security number (###-##	####)	
reeUPO bax		City, state, zip		
Marital Single Ma	arried Divorced Re-married Legally wid	owed Have you divorced or legally from a spouse since enter		No
Daytime telephone (include ar	rea code) Email address	Have you married since ente	ring DROP? Yes	No
ame of current or last emplo	oyer	Job title		
Have you changed employer	s during DROP participation? Yes No	Months of employment contrac	t: 9 10	11 11
Section 2 - Effective d	ate of retirement			
normally be the day follow	will be the date you wish your retirement to begin. wing your last day of DROP participation. The day fo fifter DROP participation; or the last day of leave, wh	llowing your		For TRSL use only
The amount of withholdi inform TRSL of your tax fi complete this section, TR	ng certificate for pension or annuity payments ng on your monthly retirement benefit is dependent ling status. You can choose not to have income tax. St. must withhold federal income tax according to a eld. If withholding and tax payments are not sufficie	t on the number of allowances claims withholdings deducted from your mo filing status of married with three ex	onthly retirement ben emptions which could	efit. If you do not I result in your not
1. Lelect not to h	nave tax withheld from my pension or annuity. Does	not apply to foreign check addre	ss.	
f you checked #1, do no	t complete #2 or #3 belovz. To complete #2, you mo	ist uncheck box #1, select a marital s	tatus, AND enter nun	
				nber of allowances.
Marital statu:	iholding from each periodic pension or annuity pays d marital status shown. (You may also designate an sc Single Married Married, b.		of	Enter number of allowances
3. I want the folk	d marital status shown. (You may also designate an	additional dollar amount on Line 3.) It withhold at higher single rate pension or annuity payment. (WOTE.	For periodic	Enter number
I want the folk payments, you	d marital status shown. (You may also designate an sc Single Married Married, b. wwing additional dollar amount withheld from each cannot enter an amount here without entering the	additional dollar amount on Line 3.) It withhold at higher single rate pension or annuity payment. (WOTE.	For periodic	Enter number of allowances
I want the folk payments, you section 4 - Direct dep	d marital status shown. (You may also designate an sc Single Married Married, b. wwing additional dollar amount withheld from each cannot enter an amount here without entering the	additional dollar amount on Line 3.) it withhold at higher single rate pension or annuity payment. (NOTE. e number (including zero) of allowance	For periodic	Enter number of allowances
3. I want the folk payments, you Section 4 - Direct dep I have completed For Section 5 - Member is hereby certify that I plan seed on my accumulated articipation I understand imployment. I understand imployment. I understand	d martial status shown. (You' may also designate an s. Single Married Married, b. whing add bonal dollar amount withheld from each cannot enter an amount here various entering the osit notification orm 150 (Direct Daposit of Benefits) and will submit	additional dollar amount on Line 3.) in withhold at higher single rate. person or annuity payment (WOTE number (including zero) of allowance it to TRSL. ton 2 above. Upon retirement, I will ROP program. The monthly benefit in rememt credit and any additional series that I begin with drawing my DRC series that I begin with drawing my DRC series that 1 begin with drawing my DRC series and the series are series are series and the series are series and the series are series and the series are series are series are series and the series are series are series and the series are series and series are	For periodic es on Line 2) begin receiving a mor aly be adjusted by an ice credit earned after Paccount funds upon	Enter number of allowances S. Enter amount withly retirement additional amount ribe end of DROP to termination of

Form 11H

Form 11H – Sections 1 & 2

letter will be sent within two weers north the receipt or your application. If yo	ou do novieceire un demiormedyment ietter, contact inst.
Section 1 - Member information	
Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
Street/PO box	City, state, zip
Marital Single Married Divorced Re-married Legally separated Widowed	Have you divorced or legally separated from a spouse since entering DROP?
Daytime telephone (include area code) Email address	Have you married since entering DROP? Yes No
Name of current or last employer	Job title
Have you changed employers during DROP participation?	Months of employment contract: 9 10 11 12
Section 2 - Effective date of retirement	
The date you select here will be the date you wish your retirement to begin. This date normally be the day following your last day of DROP participation; the day following last day of employment after DROP participation; or the last day of leave, whichever it	your

Form 11H – Sections 3, 4, & 5

Section 3 - Withholding certificate for pension or annuity payments (Form W-4P)					
The amount of withholding on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform TRSL of your tax filing status. You can choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions which could result in your not having enough tax withheld. If withholding and tax payments are not sufficient, you could incur penalties under IRS regulations. Complete the following applicable lines:					
1. I elect not to have tax withheld from my pension or annuity. Does not apply to foreign check address.					
If you checked #1, do not complete #2 or #3 below. To complete #2, you must uncheck box #1, select a marital status, AND enter t	number of allowances.				
2. I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on Line 3.) Marital status: Single Married Married, but withhold at higher single rate	Enter number of allowances				
3. I want the following additional dollar amount withheld from each pension or annuity payment: (NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on Line 2.)	\$ Enter amount				
Section 4 - Direct deposit notification					
I have completed Form 15D (<i>Direct Deposit of Benefits</i>) and will submit it to TRSL.					
Section 5 - Member signature					
I hereby certify that I plan to begin my retirement on the date specified in Section 2 above. Upon retirement, I will begin receiving a repensite based upon the retirement option selected at the time I entered the DROP program. The monthly benefit may be adjusted by based on my accumulated unused leave that is available for conversion to retirement credit and any additional service credit earned a participation. I understand that Internal Revenue Code Section 401(a)(9) requires that I begin withdrawing my DROP account funds u employment. I understand that I should receive an acknowledgment letter by mail approximately two weeks from the date TRSL receive an acknowledgment letter, I will contact TRSL.	an additional amount after the end of DROP upon termination of				
Member's signature (DO NOT PRINT OR TYPE) Date signed (mm/dd/y	yyyy)				



Direct Deposit of Benefits

(Form 15D)

10-15D rev. 12/20

HOW TO SUBMIT:

DROP OFF or MAIL IN	EMAIL	FAX
8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-4779

Form may not be altered.

Section 1 - Benefit recipient information Name: Last, first, MI, suffix (Jr., III, etc.)	Check here if address change	Your Social Security number (###-##-####)	
Daytime telephone (include area code)	Please check one:	If you are receiving multiple benefit payments, check	-
	This is a new direct deposit setup	ONE only (no soloction indicator change will be applied to	B
Mailing address	or a change to a new bank. (Section 3 required)	Change applies to ALL benefit payments	
City, state, zip	This is a change of my account number with my same bank.	Change applies to RETIREE benefit payments only	/ -
Email address	(Section 3 - Financial officer signature not required)	Change applies to <i>SURVIVOR/BENEFICIARY</i> payments only	
I authorize and request Teachers' Retirement System of Louisi organization designated below. This authorization is not an a payments. This authorization will remain in effect until cance	ssignment of my right to receive payment and revokes a		(-
My signature authorizes TRSL to initiate electronic funds tran- employed in the field of education, public or private, while re		t due, in the event that my death has occurred or if I become estudent.	
I further authorize the financial organization designated belo	w to release to TRSL, upon request, any and all informat		
Recipient's signature (DO NOT PRINT OR TYPE)		Date signed (mm/dd/yyyy)	
Section 2 - Information about joint signer Name: Last, first, MI, suffix (Ir, III, etc.) Telephone (include area code)	Your Social Security numb Relationship to recipient		
reiepnone (<i>include area code)</i>	Relationship to recipient		
Mailing address	City, state, zip		
Mailing address NOTE: For additional joint signers, complete TRSL's A		pousal Joint Sign	
	Addendum to Direct Deposit of Benefits — Nonsp	oousal Joint Sigr	
NOTE: For additional joint signers, complete TRSL's A	Addendum to Direct Deposit of Benefits — Nonsp	pousal Joint Sign	
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement	Addendum to Direct Deposit of Benefits — Nonsp	pousai Joint Sign	
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization Address: street / PO box	Addendum to Direct Deposit of Benefits — Nonsp		
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization	Addendum to Direct Deposit of Benefits — Nonsp		
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization Address: street / PO box	Addendum to Direct Deposit of Benefits — Nonsp. ACH routing number Bank account number Teachers' Retirement System of Louisiana (TRSL) f any funds on deposit in the recipient's account	in accorda	
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the agree to repay, at the time of demand, the amount of	ACH routing number Bank account number Teachers' Retirement System of Louisiana (TRSL) if any funds on deposit in the recipient's account king guidelines.	in accorda that are du	
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the agree to repay, at the time of demand, the amount of death, subject to disposition required by law and bar We further agree to accept as sufficient evidence TRS	ACH routing number Bank account number Teachers' Retirement System of Louisiana (TRSL) if any funds on deposit in the recipient's account king guidelines.	in accorda that are du	
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the agree to repay, at the time of demand, the amount odeath, subject to disposition required by law and bar We further agree to accept as sufficient evidence TRSTRSL, we agree to notify TRSL of the death and return	ACH routing number Bank account number Teachers' Retirement System of Louisiana (TRSL) f any funds on deposit in the recipient's account king guidelines. L's certification of the payee's date of death. In the nany payments received after the death to the expression of the payments received after the death to the expression of the payments received after the death.	in accorda that are du.	
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the agree to repay, at the time of demand, the amount of death, subject to disposition required by law and bar We further agree to accept as sufficient evidence TRSTRSL, we agree to notify TRSL of the death and retur Dated at this Signature of bank offidal* (DO NOT PRINT OR TYPE)	ACH routing number Bank account number Bank account number any funds on deposit in the recipients account king guidelines. Si's certification of the payee's date of death. In the nany payments received after the death to the expense of bank official (in accorda that are du	
NOTE: For additional joint signers, complete TRSL's A Section 3 - Financial institution agreement Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the agree to repay, at the time of demand, the amount of death, subject to disposition required by law and bar We further agree to accept as sufficient evidence TRSTRSL, we agree to notify TRSL of the death and retur Dated at	ACH routing number Bank account number Teachers' Retirement System of Louisiana (TRSL) if any funds on deposit in the recipients account king guidelines. Sis certification of the payee's date of death. In the nany payments received after the death to the example.	in accorda that are du	

Direct Deposit of Benefits (Form 15D)

Form 15D – Section 1

Name: Last, first, MI, suffix (Jr., III, etc.)	Check here if address change	Your Social Security number (###-#####)	
Daytime telephone (<i>include area code</i>) Mailing address	Please check one: This is a new direct deposit setup or a change to a new bank. (Section 3 required)	If you are receiving multiple benefit payments, check ONE only (no selection indicates change will be applied to all accounts): Change applies to ALL benefit payments	
City, state, zip Email address	This is a change of my account number with my same bank. (Section 3 - Financial officer signature not required)	Change applies to RETIREE benefit payments only Change applies to SURVIVOR/BENEFICIARY payments only	
I authorize and request Teachers' Retirement System of Louisiana (TRSL) to organization designated below. This authorization is not an assignment o payments. This authorization will remain in effect until canceled by writte	my right to receive payment and revokes all		
My signature authorizes TRSL to initiate electronic funds transfer debit tra employed in the field of education, public or private, while receiving disab			
I further authorize the financial organization designated below to release	to TRSL, upon request, any and all informatio	on regarding my bank account designated below.	
Recipient's signature (DO NOT PRINT OR TYPE)		Date signed (mm/dd/yyyy)	

Form 15D – Sections 2 & 3

Section 2 - Information about joint signer (if applicable)	ONLY FOR NON-SPOUSAL JOINT SIGNER
Name: Last, first, MI, suffix (Jr., III, etc.)	Your Social Security number (###-##-####)
Telephone (include area code)	Relationship to recipient
Mailing address	City, state, zip
NOTE: For additional joint signers, complete TRSL's <i>Addendum to Dir</i>	rect Deposit of Benefits — Nonspousal Joint Signer(s) (Form 15JS)
Section 3 - Financial institution agreement	
Name of financial organization	ACH routing number
Address: street / PO box	Bank account number Checking Savings
City, state, zip	
	nent System of Louisiana (TRSL) in accordance with the above request, we hereby leposit in the recipient's account that are due to TRSL as a result of the recipient's
We further agree to accept as sufficient evidence TRSL's certification o TRSL, we agree to notify TRSL of the death and return any payments in	of the payee's date of death. In the event that we learn of the payee's death before received after the death to the extent that funds are available.
Dated at day of	<u> </u>
Signature of bank official* (DO NOT PRINT OR TYPE)	Name of bank official (print or type)
>	
Title of bank official	Telephone (include area code)
*Bank teller/receptionist signatures are not acceptable.	1

STEP 2: Submit documents



Copies of documents needed:

» Social Security cards (member and beneficiary/ies)

» Birth certificates (member and beneficiary/ies)

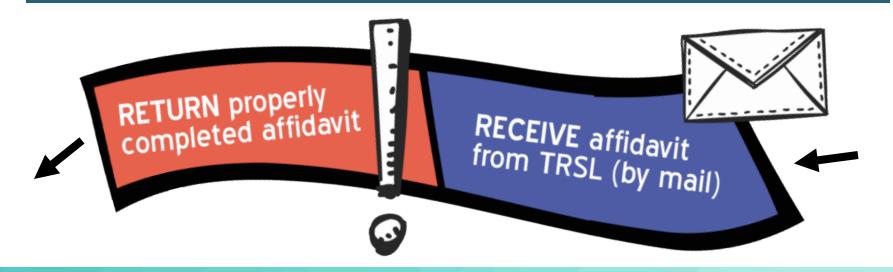
Legal documents

 (including divorce decrees,
 judgment of separation,
 and/or community
 property settlements)

Sit back your date of

Members retiring after DROP: Submit any new documents to TRSL.

STEP 3: Return completed affidavit





Closer to your retirement date, you
will receive an Estimated Affidavit
for Retirement in the mail to choose
your retirement option. Please read
the enclosed instructions carefully.

Members <u>retiring after DROP</u>: You have already submitted your affidavit.

Retirement options

- You will select one of eight different retirement options.
- The option you choose determines how much you and your beneficiary will receive in retirement benefits.
- You will choose your option on an affidavit, which must be notarized and have no alterations.
 - » You cannot change your retirement option once you retire or enter DROP.
 - » You can only change your beneficiary under Option 1.
- Mail the completed original to TRSL.
- The affidavit must be notarized and have no alterations.

The estimated affidavit

Altered forms not accepted ** Completed original only ** No copies, faxes, or scans accepted

Teachers' Retirement System of Louisiana

Approved for payroll:	
06 -	R 06/18

Name ID No. Date of Birth Date of Retirement Sex

Review the retirement option choices listed below and then complete the RETIREMENT OPTION ELECTION in the presence of a notary. The option you select determines your retirement benefit and is irrevocable. A description of each option can be found on the back of this affidavit.

		Beneficiary Benefit (upon death of member)	
Retirement Option	Monthly benefit won death for your life of your named beneficiary		
Maximum		No beneficiary	No beneficiary
Option 1		770	Remaining unpaid employee contributions (if any)
Option 2			
Option 2A (pop-up)		(pop-up)	
Option 3			
Option 3A (pop-up)		(pop-up)	
Option 4			
Option 4A (pop-up)			

The above figures for Options 2 through 4A are based on calculations relating to the following named beneficiary:

Name:	R	elation:	Date of Birth:	27
5.55 (\$1.	6.5			

The estimated affidavit

	RETIREMENT OPTION ELECT	ION (Cannot be changed)	
1. Are you married?	(Yes or No)		
2. l,	am electing the following ret	tirement option:	
<u>Initial</u> to the left of the retirement opti <u>election is irrevocable</u> . If you choose the beneficiary box above.			
Initials Maximum	Option 2	Option 3	Option 4
Option 1	Option 2A	Option 3A	Option 4A
Retiree's Signature4. Sworn and subscribed before me	e, this day of		
Notary Public ID/Bar Roll #	Notary Public Name, Printed	Notary Pul	olic Signature

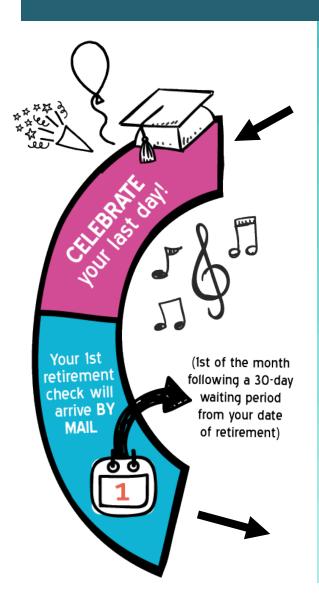
The estimated affidavit

STOP! Read carefully before completing. A spousal consent may not be necessary.

If you are married and choose Maximum, Option 1, Option 3A, Option 4, or Option 4A, or choose a beneficiary other than your spouse in accordance with Louisiana Revised Statute 11:784, your spouse must complete the spousal consent below in front of the Notary. Affidavits will be considered invalid if your spouse is listed as the beneficiary and the spousal consent is unnecessarily completed for Option 2, 2A, or 3. A list of notaries can be found at www.sos.louisiana.gov.

4A unless the spouse agrees and signs	this affidavit in the presence of a	under Maximum, Option 1, Option 3A, Option 4, or Option notary. If spouse is unable to sign his/her full name, then or named beneficiary), along with the notary signature.
I acknowledge that I am aware that my monthly survivor benefit for me if I am		a retirement benefit option which will not provide a 50% ise's death.
Spouse Social Security number	· · · · · · · · · · · · · · · · · · ·	Spouse Signature
Sworn and subscribed before me, this _	day of	20
Notary Public ID/Bar Roll #	Notary Public Name, Printed	Notary Public Signature

STEP 4: Your first benefit payment





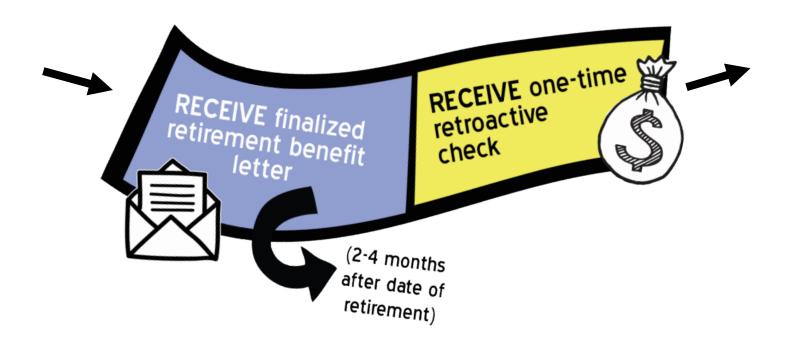
- Your first benefit payment will be a paper check
- Subsequent payments will be direct deposited.
- Your retirement can only be canceled if a benefit payment has not been negotiated (includes direct deposit).

How TRSL pays your benefits

- Monthly benefits are paid on the first of the month.
 - » Your retirement can only be canceled if a benefit payment has not been negotiated (includes direct deposit).
- For Service Retirement and ILSB, there is a 30-day waiting period.
 - » This period begins on your retirement date. However, TRSL must have your properly executed estimated affidavit and your completed direct deposit form in order to determine your benefit.
- You will receive estimated benefits as first payments.
 - » This partial benefit will continue monthly until TRSL finalizes your benefit.

Members <u>retiring after DROP</u>: The estimated benefit is your DROP deposit amount plus your after-DROP estimated benefit, if applicable.

STEP 5: Finalized benefit





 Once your final benefit has been calculated (4-6 months after your retirement date), you will receive a letter regarding any retroactive payment in your next benefit check.

"What is a retroactive payment?"

- "Retro" payments include the difference between your estimated checks and your final monthly benefit.
- Your final benefit calculation will include any remaining sick leave that converts to service credit.

FINAL benefit calculation minus ESTIMATED benefit

equals RETRO PAYMENT



STEP 6: Enjoy retirement ©





Stay in touch!

- » Update direct deposit info & federal tax withholdings anytime
- » Let us know if your address changes

Things to do now...

- Register for Member Access via your personal email address.
- Submit copies of important documents:
 - » Social security cards (member and beneficiary/ies)
 - » Birth certificates (member and beneficiary/ies)
 - » Legal documents (including divorce decrees, judgment of separation, and/or community property settlements)
- Update name, address, email address & beneficiary/ies.
- Get a retirement estimate:
 - » Submit Form 10
 - » Use the calculators on Member Access
- Join our member webinars Live or watch On Demand

Online access to your TRSL account

Member Access is a secure website where you have all the tools you need to plan for retirement:



- View service credit, contributions and beneficiary designations
- Create a benefit estimate
- Update your name or address
- Apply for retirement

Create your account today!

Create a benefit estimate

Online calculators loaded with your account information

- 1. Log on to Member Access.
- 2. Under the "My Estimates" drop-down menu, select "Estimate Your Retirement Benefit."
- 3. Enter your desired retirement date and click "Create Estimate!"



Register for MEMBER ACCESS @ www.TRSL.org

For technical assistance with Member Access, contact support@trsl.org.



workshop schedule and register. We look forward to seeing you there!



www.TRSL.org

Direct Deposit for Refund of Contributions (Form 7D)

<u>Direct Deposit of DROP or ILSB Account Withdrawals</u> (Form 11R) - *Use 15D for regular benefits* <u>Direct Deposit of Benefits</u> (Form 15D) - *Use 11R for DROP or ILSB account withdrawals* Addendum to Direct Deposit of Benefits - Nonspousal Joint Signer(s) (Form 15JS)



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Questions?



We are here for you!

Local phone: (225) 925-6446

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

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