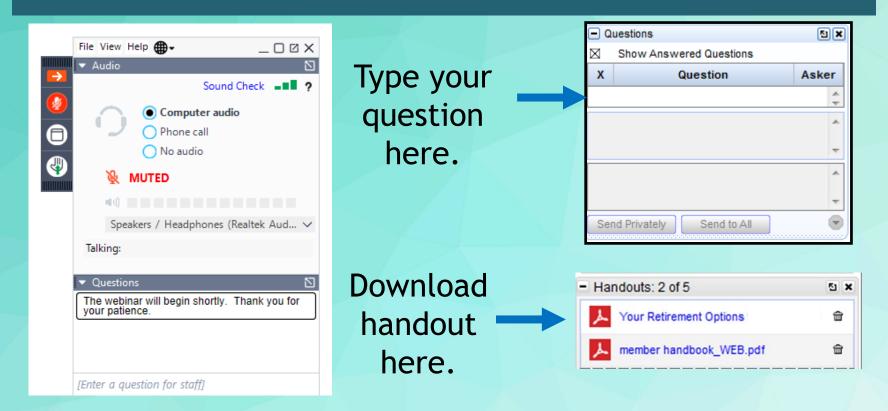


Road to Retirement...made simple

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



If you have any specific questions about your retirement (such as DROP window, retirement eligibility, FAC questions, etc.) please email us at web.master@trsl.org so we can look up your account and assist you directly.

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.

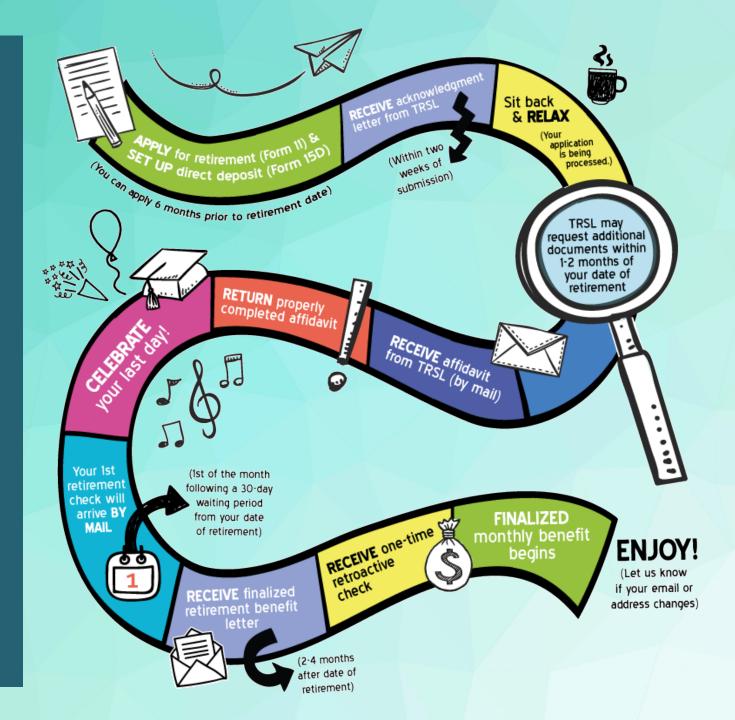


Please see TRSL's Member Handbook for retirement eligibility.

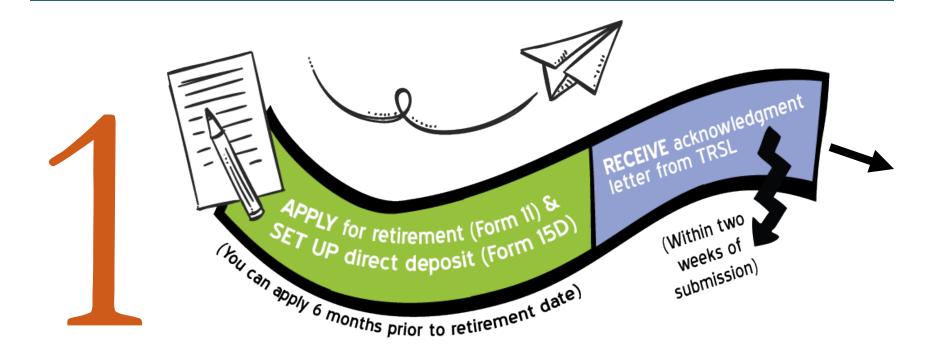
Because DROP/ILSB eligibility may differ, see DROP Handbook & ILSB brochure for more information.

The Road to Retirement

PSSST... it's simple and FUN!



Step 1: Application & acknowlegement



- 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 Retirement, 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.



Apply through Member Access

	Application	for Service Retirement,	ILSB, or DROP
	within six months befo	ore your effective retirem	mated benefit payments and direct deposits. Your nent/DROP date. It is your responsibility to submit you
Your retirement information (M	lust be completed)		
Select one:	- 0 C		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	nly if you are considering ACO. unded Annual COLA Option (ACO). Your Social Security number
rune. Euse, mis sum (or	., 111, etc./	**	Tour Social Security Hamber
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 ○ 10 ○ 11 ○ 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				
Service (G. Fill 12) Service (G. Fill 12) Service (G. Fill 13)	, , , ,						le for ILSB retirem	A STATE OF THE STA	
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-####) - A(G
1. Procedured information ANIXT RC CONFECTION SSP (0-6-11/4) Disc or incorrection of supplies are providingly Service (0-6-11/4) SSP (0-6-11/4) Disc or incorrection of anity and incorrection are assessed of supplies are providingly Service (0-6-11/4) SSP (0-6-11/4) Disc or incorrection of ANIXT RC CONFER IND) The Anithmen of Conference of AnixT and incorrection are assessed of the animal	RMIT: 8401 United Plaza Blvd, Ste 300	web.master@trsl.org	(225) 925-6366	Approved by	Street address / PO box		Contingent	Date of birth (mm/kkd/yyyy)	Relat
Service (0.0.1.1.4) ISSQ (0.0.1.1.2.5) DISCP (0.0.1.2.5) DISCP (0.					City, state, zip		%		
Service (6-11.6) BSD (66-11.6) DBDP (66-11.5) DBDP	1 - Retirement information (MUST BE COMPL	ETED)	Date of retirement/DROF begin	in date (modddlww).	Name Last, first, MI, suffix (Ir., III, et	tc)	Drimon	Social Security number (###-##-	4###) - Atta
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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Annual CCLA Cytism Account Service and Service and Service Account Service Acc		(1)	Your Social Security number (945-94-9944)	City, state, zip		%		
See a state of the complete of			An affect well be controlled	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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The amount of withhelding on your monthly distribution is dependent on the number of exemptions claimed. This action must be complete stated applicable documents, such as progress of discrete certains, etc. Proceeding and eliminate which we complete control in the process of the process	hone (indude area code)		Job title		Check here if additiona	Il beneficiary forms submitted.			
The amount of withholding on your membry distribution on your factor the factor of the complete of the register of the complete of the complet					Section 6 - Withholding	Certificate for Pension or Annuity Pa	vments /Form W-	4P) /Not applicable	for DRC
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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 reverse to complete and sign application. See 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
Set signed. Set s	elect to receive a reduced retirement benefit based on the	e following amount.	.00						\$ Ente
Section 7 - DROP/ILSB account benefits based on the self-funded Annual COLA Option (AcCo) 1.5 - Beneficiary designation - At a liter date, you will receive an altification of estimated benefits on which you will choose your retrement option. In a difficult is used to be entire the Seneticary of th	4 - Annual COLA Option (ACO) - Complete C	ONLY if you are consider	ing ACO.					(Not applicable	for DROP Date signed (
Seed that is a specific monthly need and an advantage of the part	Yes, I wish to receive an estimate of REDUCED benefits be	ised on the self-funded Annua	al COLA Option (ACO)		>				
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 (s) is undestrained that I should receive an acknowledgment letter by mail approximately two weeks after the date. The application if ido not receive an acknowledgment letter by mail approximately two weeks after the date. The application if ido not receive an acknowledgment letter, I will contact TRS. **Dates great (**not Application**) **Dates great (**not Applica	700 hour			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. The propriate application is also required. Please complete and sign application. The propriate application is a propriate and sign application. The propriate application is a propriate and sign application. The propriate and sign application is a propriate and sign application. The propriate and sign application is a propriate and sign application. The propriate and sign application is a propriate and sign application. The propriate and sign application is a propriate and sign application. The propriate and sign application is a propriate and sign application is a propriate and sign appl	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. See reverse to complete and sign application.	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
See reverse to complete and sign application. **S(Form 15D) is also required. Please complete and submit to TRSL. (Not applicable for DRO **Reference A 7000A 0132 & 1 877 ASY IRSL (1 877 275 8775) 1 877 ASY 1 877					application. If I do not receive a	an acknowledgment letter, I will contact TRSL (RE)	Date	sgned (mm/dd/yyy)	
x 04/122 & Paton Pourse A. 7/00/A 01/22 & 1.977 ASY DSJ (4.977 275 9.7/5) & 1/97	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 applied)	cable for DROP retirement)
The amount of withholding on your monthly distribution is dependent on the number of exemptions claimed. This section racks of your tax filing status. You can choose not to have income tax withholdings deducted from your benefit. If you do not must withhold federal income tax according to a filing status of married with three exemptions, which could result in your rack withholding and estimated tax payments are not sufficient, you could incur penalties under IRS regulations. Complete th	ot complete this section, TRSL not having enough tax withheld.
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, ANI	D enter number of allowances.
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 applied	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/IL	SB account.
I will complete a <i>Beneficary Designation for DROP and ILSB Accounts</i> (Form 3B) to next to this option, I understand that if I fail to submit a completed Form 3B prior to my dabalance will be paid to my estate; or if I am married, 50% of my account balance will be pato my estate.	ite of death and I am not married, 100% of my account
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

System of Louisiana	Participation/Employment			rev. 11/20
	DROP OFF or MAIL IN	EMAIL	FAX	Reviewed by
HOW TO		LIVIAIL	TAX	Processing
SUBMIT:	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsi.org	(225) 925-6366	10
AVE TIME! Apply on	line through Member Access at www.TRSL.org.	Select"Apply for retirement" ur	nder the "My Retire	ment" tab.
ither during or after our retirement may b	entries except signatures. Complete Sections 1– DROP participation). If you continue employment e canceled prior to negotiating any benefit cher in two weeks from the receipt of your applications.	nt after DROP, you will be autom ck, including estimated benefit p	atically re-enrolled ayments. An ackno	in TRSL. wledgment
lame: Last, first, MI, suffix (Social Security number (### ##	-####)	
Treet/FO box		City, state, zip		
status:	Familied Divorced Re-manifed Superated Wide	owed Have you divorced or legally from a spouse since enter		No
Daytime telephone (include	area code) Email address	Have you married since ente	ering DROP? Yes	No
lame of current or last emp	layer	Job title		
Have you changed employe	ers during DROP participation? Yes No	Months of employment contrac	t: 9 10	111
Section 2 - Effective	date of retirement			
normally be the day foll	e will be the date you wish your retirement to begin." owing your last day of DROP participation, the day fo after DROP participation; or the last day of leave, wh	llowing your	kidiyyyy)	For TRSL use only
Section 3 - Withhole	ling certificate for pension or annuity payments	(Form W-4P)		
inform TRSL of your tax complete this section, T	ding on your monthly retirement benefit is dependent filing status. You can choose not to have income tax. RSL must withhold federal income tax according to a held. If withholding and tax payments are not suffice	withholdings deducted from your m filing status of married with three ex	onthly retirement ber emptions which coul	efit. If you do not d result in your not
1. Lelect not to	have tax withheld from my pension or annuity. Does	not apply to foreign check addre	ess.	
If you checked #1, do n	ot complete #2 or #3 below. To complete #2, you mu	ist uncheck box #1, select a marital s	tatus, AND enter nur	nber of allowances.
	thholding from each periodic pension or annuity payr		of	
anowances a	nd marital status shown. (You may also designate an a us: Single Married Married, bu	additional dollar amount on Line 3.) It withhold at higher single rate		Enter number of allowances
Marital stat			Account of	
3. I want the fo	llowing additional dollar amount withheld from each ou cannot enter an amount here without entering the			S Enter amount
I want the for payments, you	u cannot enter an amount here without entering the			
I want the for payments, you Section 4 - Direct de	u cannot enter an amount here without entering the	number (including zero) of allowand		
3. I want the for payments, your section 4 - Direct de	u cannot enter an amount here without entering the posit notification Form 15D (Direct Deposit of Benefits) and will submit	number (including zero) of allowand		
3. I want the fo payments, yc. Section 4 - Direct de I have completed I Section 5 - Member hereby certif hat I pla penefit based upon the toased on my accumulate participation. I understar amployment. I understar	u cannot enter an amount here without entering the posit notification Form 15D (Direct Deposit of Benefits) and will submit	it to TRSL. ton 2 above. Upon retirement, I will ROP program. The monthly benefit in rement credit and any additional sme that I begin with drawing my port.	begin receiving a mo nay be adjusted by ar rice credit earned afts	Enter amount nthly retirement additional amount tr the end of DROP in termination of
3. I want the fo payments, yc. Section 4 - Direct de I have completed I Section 5 - Member hereby certif hat I pla penefit based upon the toased on my accumulate participation. I understar amployment. I understar	us cannot enter an amount here without entering the posit notification. From 15D (Direct Deposit of Benefits) and will submit signature. In to begin my retirement on the date specified in Sect extrement option selected at the time I entered the Did durinsed leave that is available for conversion to reli- ted that internal freenine Code Section 401(489) requi- did that it should receive an actinowledgment letter by yieldgment letter, will contact. TRSL.	it to TRSL. ton Z above. Upon retirement, I will BROP program. The monthly benefit in rement credit and any additional sense that I begin with drawing your mail approximately two weeks from mail approximately two weeks from	begin receiving a mo nay be adjusted by ar rice credit earned afts	Enter amount onthly retirement additional amount in the end of DROP in termination of siny application. If I

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 inform TRSL of your tax filing status. You can choose not to have income tax withholdings deducted from your monthly retirement is complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions which contains the according to a filing status of married with three exemptions which contains a payments are not sufficient, you could incur penalties under IRS regulations. Contains applicable lines:	penefit. If you do not buld result in your not
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.
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 (###-##-####)	De
Daytime telephone (include area code)	Please check one:	If you are receiving multiple benefit payments, check ONE only (no selection indicates change will be applied to	D.
Mailing address	This is a new direct deposit setup or a change to a new bank. (Section 3 required)	all accounts): 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 SURVIVOR/BENEFICIARY payments only	I (FO
l authorize and request Teachers' Retirement System of Louisiana organization designated below. This authorization is not an assign payments. This authorization will remain in effect until canceled b	ment of my right to receive payment and revokes a		1-
My signature authorizes TRSL to initiate electronic funds transfer of employed in the field of education, public or private, while receivi	lebit transactions to retrieve payments sent, but not ng disability benefits, or if I am no longer a full-time	student.	
I further authorize the financial organization designated below to	release to TRSL, upon request, any and all informat	ion regarding my bank account designated below.	
Recipient's signature (DO NOT PRINT OR TYPE)		Date signed (mm/dd/yyyy)	
Telephone (include area code)	Relationship to recipient		
Mailing address	City, state, zip		
NOTE: For additional joint signers, complete TRSL's Adde	and up to Direct Deposit of Reposits Alenen		
	ridam to birect beposit or benefits — Nonsp	oousal Joint Sign	
Section 3 - Financial institution agreement	ridum to Direct Deposit of Benefits — Norisp	oousal Joint Sign	
Section 3 - Financial institution agreement Name of financial organization	ACH routing number	ousal Joint Sign	
Name of financial organization			
	ACH routing number		
Name of financial organization Address: street / PO box	ACH routing number Bank account number thers' Retirement System of Louisiana (TRSL) if funds on deposit in the recipient's account	in accorda	
Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the Tear agree to repay, at the time of demand, the amount of an	ACH routing number Bank account number thers' Retirement System of Louisiana (TRSL) if funds on deposit in the recipient's account guidelines. ertification of the payee's date of death. In the state of the stat	in accorda that are du	
Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the Teat agree to repay, at the time of demand, the amount of an death, subject to disposition required by law and banking We further agree to accept as sufficient evidence TRSL's or TRSL, we agree to notify TRSL of the death and return an Dated at	ACH routing number Bank account number Bank account number Chers' Retirement System of Louisiana (TRSL) if funds on deposit in the recipient's account guidelines. ertification of the payee's date of death. In the payments received after the death to the exit of day of	in accorda that are du	
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Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the Tead agree to repay, at the time of demand, the amount of an death, subject to disposition required by law and banking. We further agree to accept as sufficient evidence TRSUs or TRSU, we agree to notify TRSL of the death and return an	ACH routing number Bank account number Bank account number Chers' Retirement System of Louisiana (TRSL) if funds on deposit in the recipient's account guidelines. ertification of the payee's date of death. In the payments received after the death to the exit of day of	in accorda that are du	Ι
Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the Teat agree to repay, at the time of demand, the amount of an death, subject to disposition required by law and banking We further agree to accept as sufficient evidence TRSL's or TRSL, we agree to notify TRSL of the death and return an Dated at	ACH routing number Bank account number Bank account number Chers' Retirement System of Louisiana (TRSL) if funds on deposit in the recipient's account guidelines. ertification of the payee's date of death. In the payments received after the death to the exit of day of	in accorda that are du	Ι
Name of financial organization Address: street / PO box City, state, zip In consideration of electronic payments made by the Teat agree to repay, at the time of demand, the amount of an death, subject to disposition required by law and banking. We further agree to accept as sufficient evidence TRSL's or TRSL, we agree to notify TRSL of the death and return an Dated at	ACH routing number Bank account number Bank account number Chers' Retirement System of Louisiana (TRSL) if younds on deposit in the recipient's account guidelines. ertification of the payee's date of death. In the payments received after the death to the exit of the payments received after the death to the exit of the payments received after the death to the exit of the payments received after the death to the exit of the payments received after the death to the exit of the payments received after the death to the exit of the payments received after the death of the payments received after the payments received after the payments received a	in accorda that are du	I

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 of 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 applicabl	le) 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</i>	Direct 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	
	irement System of Louisiana (TRSL) in accordance with the above request, we hereby n deposit in the recipient's account that are due to TRSL as a result of the recipient's es.
We further agree to accept as sufficient evidence TRSL's certificatio TRSL, we agree to notify TRSL of the death and return any paymen	n of the payee's date of death. In the event that we learn of the payee's death before its received after the death to the extent that funds are available.
Dated at this day	of
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.	

STEP 2: Submit documents



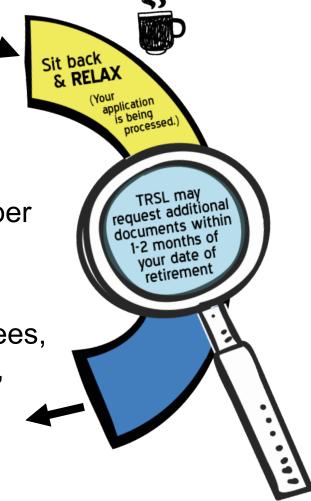
Copies of documents needed:

» Social Security cards (member and beneficiary/ies)

» Birth certificates (member and beneficiary/ies)

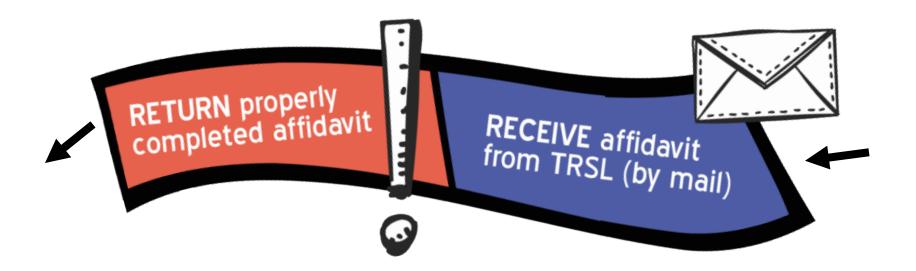
Legal documents

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



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

STEP 3: Return completed affidavit



3

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 retiring after DROP: 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.

		Member Benefit	D. G. D. G.	
Retirement Option	Monthly benefit for your life	Monthly benefit upon death of your named beneficiary	Beneficiary Benefit (upon death of member)	
Maximum		No beneficiary	No beneficiary	
Option 1			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:	Relation:	Date of Birth:
00000 to 10000 to 100		

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 Pub	olic Signature

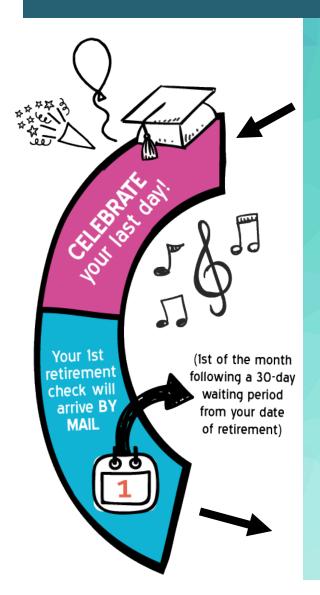
The estimated affidavit

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% se'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: Check the mailbox!





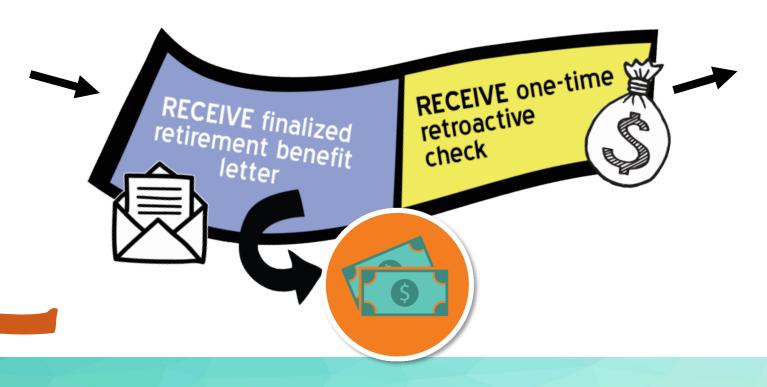
- Your first benefit payment will be a paper check
- Subsequent payments will be direct deposited.
- Your retirement can only be canceled if a benefit payment has not been negotiated (includes direct deposit).

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 "My Retirement" 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)



Find it online...

- Forms
- Brochures
- Newsletters
- & more!

Questions?



We are here for you!



Local phone: (225) 925-6446

Toll free (outside Baton Rouge):

1-877-ASK-TRSL (1-877-275-8775)

www.TRSL.org • web.master@trsl.org



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