



**Teachers' Retirement System of Louisiana**  
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017  
 P.O. Box 94123 • Baton Rouge, LA 70804-9123  
 Telephone: (225) 925-6446 • Fax: (225) 925-4779  
 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)  
 www.TRSL.org • web.master@trsl.org

### Benefit Estimate Request

To receive a retirement benefit estimate, print the information requested below and return completed form to Teachers' Retirement System of Louisiana. An estimate will be sent to your mailing address below. Please allow two to three weeks for a response. If you prefer, please visit [www.TRSL.org](http://www.TRSL.org) to use the benefits calculator in Member Access for an unofficial estimate.

*NOTE: An incomplete or improperly completed form will be returned to you. Please allow two to three weeks for processing after TRSL has received the necessary information. Please see TRSL's booklet "Planning for Your Retirement" for more detailed information on preparing for your retirement or DROP participation. TRSL uses an average of your highest (three or five, depending on membership date) consecutive reported earnings to compute your estimate of retirement benefit or DROP deposit amount.*

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

Name \_\_\_\_\_ Social Security number 

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Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Email address \_\_\_\_\_

Street / PO Box \_\_\_\_\_ City, state, zip \_\_\_\_\_

Work telephone (      )      - \_\_\_\_\_ Home telephone (      )      - \_\_\_\_\_

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

Beneficiary name(s) \_\_\_\_\_ Beneficiary date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
(Date of birth not needed if more than one beneficiary is listed.)

Gender \_\_\_\_\_ Relation \_\_\_\_\_

Projected date of retirement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Type of retirement benefit estimate desired:

- Service
- Initial Lump-Sum Benefit (must meet eligibility requirements for DROP)
- Disability retirement: Minor children?     Yes     No    *If Yes, provide youngest child's date of birth. \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_*
- Deferred Retirement Option Plan (DROP) - (entering DROP)
- Retirement (after DROP)

**2.5% Annual COLA Option (ACO)**

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

2.5% Annual COLA Option

I hereby understand that the figures I will receive are estimated and subject to change once final employer certifications are received when I retire.

Signature \_\_\_\_\_ Date of request \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**SEND COMPLETED FORM TO:** ATTENTION: Retirement Department  
 Teachers' Retirement System of Louisiana  
 PO Box 94123  
 Baton Rouge LA 70804-9123