



Affidavit for Power of Attorney (Form 15PA)

02-15PA
rev. 12/20

**HOW TO
SUBMIT:**

DROP OFF or MAIL
8401 United Plaza Blvd, Ste 300
Baton Rouge LA 70809

**Submit ORIGINAL form ONLY.
No copies, faxes, or scans accepted.**

Print in ink or type all entries except signatures. This form must be completed when anyone other than a TRSL retiree manages the affairs of the retiree relative to TRSL benefits. Section 2 must be completed and signed in the presence of a notary when establishing a new power of attorney with TRSL. Section 3 must be completed and signed in the presence of a notary for TRSL to accept an existing power of attorney.

Section 1 - Retiree information

Name: Last, first, MI, suffix (Jr., III, etc.)	Social Security number (###-##-####)
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Section 2 - Affidavit designating new power of attorney

State of _____ Parish/County of _____

BEFORE ME, the undersigned authority, personally came and appeared the above-named retiree to me well known, who declared that he/she does nominate, constitute, and appoint _____, a resident of _____ Parish/County, state of _____, his/her agent and attorney-in-fact to act in his/her name, place, and stead in the matter to conduct, manage, and transact all and singular his/her affairs, business, concerns, and matters relative to payments disbursed to him/her by the Teachers' Retirement System of Louisiana.

Retiree's signature (DO NOT PRINT OR TYPE) ▶	Daytime telephone (include area code)
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State of _____ Parish/County of _____

SWORN TO AND SUBSCRIBED before me, Notary Public in and for the parish/country and state aforesaid, this ____ day of _____, 20____

Notary Public identification/Bar roll number	Notary Public name (print)	▶ Notary Public (signature)
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Section 3 - Affidavit accepting existing power of attorney

I, _____, *name of agent*, accept the power of attorney for the above-named retiree and understand that this power of attorney ceases at the death of the individual granting the power of attorney. I also accept full responsibility for notifying TRSL of the death of the individual and returning any checks to TRSL that were received after the death of the individual granting me this power of attorney.

Agent's name: Last, first, MI, suffix (Jr., III, etc.)	Agent's Social Security number (###-##-####)	
Street / PO box	City, state, zip	
Daytime telephone (include area code)	Email address	Relationship to retiree
Agent's signature (DO NOT PRINT OR TYPE) ▶	Date signed (mm/dd/yyyy)	

SWORN TO AND SUBSCRIBED before me, Notary Public in and for the parish/country and state aforesaid, this ____ day of _____, 20____

Notary Public identification/Bar roll number	Notary Public name (print)	▶ Notary Public (signature)
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