



What does YOUR retirement hold?



# TRSL Retirement Class of 2024

September 21, 2023

# 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** box. 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.
- This webinar will be recorded. Our recordings & PDFs are available at **[www.trsl.org/members/webinars](http://www.trsl.org/members/webinars)**

# What do you want to learn today?



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# When will I be eligible to retire?

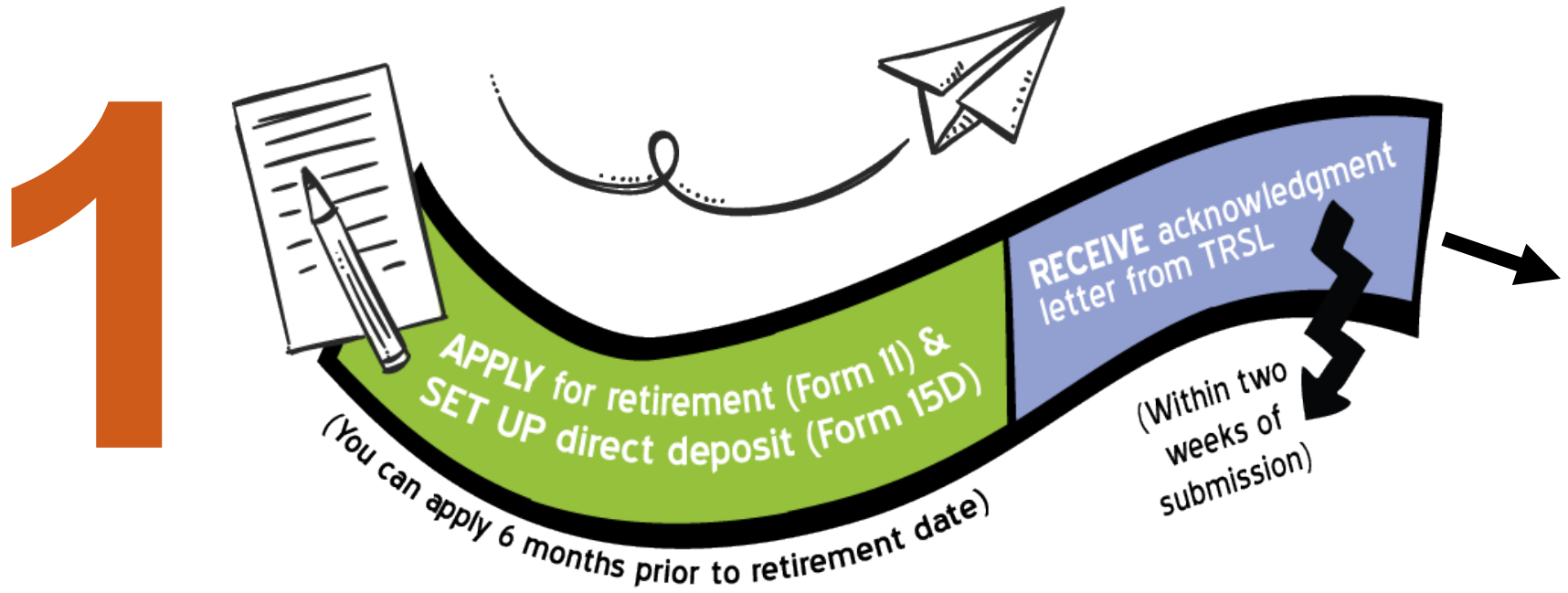
- TRSL members must meet certain age and service credit requirements to retire.
- Eligibility requirements are based upon the plan you are in and when you first became a member of one of Louisiana's four state public retirement systems.



*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 your **MEMBER ACCESS** account:

[www.TRSL.org/memberaccess](http://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” drop-down menu.



*NOTE: Two weeks after submission of the Form 11 to TRSL, you will receive an acknowledgment letter in the mail.*

# 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 your application before your selected retirement/DROP date.

### Your retirement information (Must be completed)

Select one:

☐ Service — 06-11A

☐ ILSB — 06-11A5

☐ DROP — 06-11F

Date of retirement/DROP begin date

(mm/dd/yyyy)

Annual COLA Option (ACO) allows a retiring member to receive a guaranteed annual 2.5% cost-of-living adjustment (COLA) by accepting an actuarially REDUCED retirement benefit. Check the box below only if you are considering ACO.

☐ Yes, I wish to receive an estimate of REDUCED benefits based on the self-funded Annual COLA Option (ACO).

### Your member information (All fields must be completed)

Name: Last, first, MI, suffix (Jr., III, etc.)

Your Social Security number

Street address/P.O. Box

Your date of birth

City

State

Zip

Name of Employer

Home/cell telephone\*

Work telephone\*

\* include area code

Months of contract

☐ 9 ☐ 10 ☐ 11 ☐ 12

Job title

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

### Electronic Signature

I hereby make application for retirement in accordance with Louisiana laws. I understand that I should receive an acknowledgment letter by mail approximately two weeks after the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL.

☐ I understand that by submitting my application online that I agree to conduct this transaction by electronic means and that I am signing my retirement application.

Submit Application

Print Application



# Application for Service Retirement, ILSB, or DROP



## Application for Service Retirement, ILSB, or DROP (Form 11)

06-11  
rev. 12/22

### INSTRUCTIONS

Save time! Apply online by logging into your Member Access account at [www.TRSL.org](http://www.TRSL.org) and selecting "Apply for retirement" under the "My Retirement" tab.

Applications can be submitted up to six months prior to your retirement date. Applications not properly completed can result in delay of retirement benefits. Your effective date of retirement is either the date the properly completed application is received or the day after employment ends, whichever is later.

**Print in ink or type all entries except signatures. All applicants must complete Section 1, 2, 5, and 7.** Depending on your election, you may also need to complete additional sections.

#### IMPORTANT:

- Write your Social Security number on each document submitted.
- If you have a reciprocal agreement with another Louisiana public retirement system, you must also contact them to apply for retirement/DROP with that system.

### Section 1 — Retirement information

Check the appropriate retirement choice (only one). Enter date of retirement or DROP begin date in the blank provided.

### Section 2 — Member information

Attach the following documents if you have not already submitted them to TRSL:

- ☐ Copy of your Social Security card\*
- ☐ Copy of your birth certificate
- ☐ If previously divorced, copy of marriage certificate to current spouse, divorce decree of judgment of legal separation, including community property settlement\*
- ☐ Copy of spouse's death certificate (past or present), if applicable

\*Required before you will receive your *Affidavit of Retirement Election* (Form 11E/ED)

### Section 3 — Initial Lump-Sum Benefit (ILSB) information

If you select an ILSB retirement, TRSL will calculate an ILSB benefit with reduced monthly benefit amounts based on the lump-sum amount you specify. You can receive a lump sum of up to 36 months of your maximum option benefit amount. Select desired lump-sum amount. Additional withdrawal forms are required to withdraw funds from your ILSB account. Refer to the *DROP/ILSB Account Withdrawals* flyer at [www.TRSL.org](http://www.TRSL.org) for instructions.

### Section 4 — Annual COLA Option (ACO) information:

Complete this section only if you are considering an ACO. An ACO enables a retiring member to receive a guaranteed annual 2.5% cost-of-living adjustment (COLA) by accepting an actuarially REDUCED lifetime retirement benefit.

NOTE: If ACO is selected, you must be at least age 55 and retired for one year before a COLA increase is applied.



## Application for Service Retirement, ILSB, or DROP (Form 11)

06-11  
rev. 12/22

### Section 5 — Beneficiary designation:

Enter beneficiary information in fields provided or write "No Beneficiary" in the name field if you do not wish to designate a retirement beneficiary.

Only one beneficiary can be designated for an option that provides a lifetime benefit for your beneficiary (Option 2, 2A, 3, 3A, 4, 4A). Option 1 is the only option under which you can designate more than one beneficiary. Complete Section 5A to designate additional Option 1 beneficiaries.

NOTE: At a later date, you will receive an affidavit of estimated benefits on which you will choose your retirement option.

Attach the following documents for designated beneficiary(ies):

- ☐ Copy of Social Security card for designated beneficiary(ies)
- ☐ Copy of birth certificate for designated beneficiary(ies)

### Section 5A — Additional Option 1 beneficiary(ies): NOT applicable for ILSB

Enter additional Option 1 beneficiary(ies).

### Section 6 — DROP/ILSB account beneficiary information

Designate beneficiary(ies) to receive payment from any funds remaining in your DROP or ILSB account at the time of your death. Choose and initial next to only one option.

- ☐ Submit *DROP or ILSB Account Spousal Consent* (Form 11G) if you are married and you do not designate your spouse to receive at least 50% of your DROP or ILSB account upon your death.

### Section 7 — Signature of applicant: \*REQUIRED\*

Sign and date this section. Your signature is required for the application to be processed.

#### If you haven't already done so, discuss the following with your employer:

- Resignation, insurance deductions / eligibility, and payment of unused sick leave
- Certification of years of service
- Certification of sick leave and annual leave (if applicable)
- *Submission of Agency Certification* (Form 11B) after your last day of employment or DROP begin date

### Other important reminders

Don't forget to attach the following documents:

- ☐ Copy of IRS Form W-4P, *Withholding Certificate for Periodic Pension or Annuity Payments*
- ☐ *Direct Deposit of Benefits* (Form 15D) - NOT applicable for DROP

# Form 11 – Sections 1 & 2

## Section 1 - Retirement information (MUST BE COMPLETED)

Check one:

☐

Service (06-11A)

☐

ILSB (06-11A5)

☐

DROP (06-11F)

Date of retirement/DROP begin date (mm/dd/yyyy)

## Section 2 - Member information (MUST BE COMPLETED)

Name: Last, first, MI, suffix (Jr., III, etc.)

Your Social Security number (###-##-####)

Street address / PO box

*An affidavit will be sent after we receive a copy of your card.*

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

Name of employer

Months of contract

Spouse's Social Security number (###-##-####)

*An affidavit will be sent after we receive a copy of your card.*

Check one: (Please attach applicable documents, such as judgments of divorce, death certificate, etc.)

☐

Never married

☐

Married

☐

Divorced\*

☐

Re-married

☐

Legally separated\*

☐

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

# Form 11 – Sections 3, 4, & 5

## Section 3 - Initial Lump-Sum Benefit (ILSB) - Complete ONLY if you are 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 considering ACO.

☐ Yes, I wish to receive an estimate of **REDUCED** benefits based on the self-funded Annual COLA Option (ACO).

## Section 5 - Beneficiary designation - *At a later date, you will receive an affidavit of estimated benefits on which you will choose your retirement option.*

Name: Last, first, MI, suffix (Jr., III, etc.) If no beneficiary desired, enter "No Beneficiary." DO NOT LEAVE BLANK.

Beneficiary's Social Security number (###-##-####)

Street address / PO box

*An affidavit will be sent after we receive a copy of card.*

City, state, zip

If you want to designate a specific monthly benefit amount for your beneficiary to receive after your death, enter that amount here:

Option 4 and 4A amount

\$  .00

Date of birth (mm/dd/yyyy) - Attach proof of birth date

Relationship

# Form 11 – Section 5A

## Section 5A - Additional Option 1 beneficiaries (NOT applicable for ILSB retirement)

|  |   |  |
|--|---|--|
| Name: Last, first, MI, suffix (Jr., III, etc.) | <input type="checkbox"/> Primary<br><br><input type="checkbox"/> Contingent<br><input type="text"/> % | Social Security number (###-##-####) - Attach copy of card |
| Street address / PO box                        |   | <input type="text"/>                                       |
| City, state, zip                               |   | Date of birth (mm/dd/yyyy)      Relationship               |
| Name: Last, first, MI, suffix (Jr., III, etc.) | <input type="checkbox"/> Primary<br><br><input type="checkbox"/> Contingent<br><input type="text"/> % | Social Security number (###-##-####) - Attach copy of card |
| Street address / PO box                        |   | <input type="text"/>                                       |
| City, state, zip                               |   | Date of birth (mm/dd/yyyy)      Relationship               |
| Name: Last, first, MI, suffix (Jr., III, etc.) | <input type="checkbox"/> Primary<br><br><input type="checkbox"/> Contingent<br><input type="text"/> % | Social Security number (###-##-####) - Attach copy of card |
| Street address / PO box                        |   | <input type="text"/>                                       |
| City, state, zip                               |   | Date of birth (mm/dd/yyyy)      Relationship               |

☐ Check here if additional beneficiary forms submitted.

# Form 11 – Sections 6 & 7

## Section 6 - DROP/ILSB account beneficiaries *(Complete ONLY if you elect to 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 *Beneficiary Designation for DROP and ILSB Accounts* (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 7- Signature of applicant *(Must be completed for application to be processed.)*

I hereby make application for retirement in accordance with Louisiana laws. I have carefully read the instructions and made the appropriate beneficiary designation(s) in Section 5. I understand that I should receive an acknowledgment letter by mail approximately two weeks after the date TRSL receives my 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 submit to TRSL. (Not applicable for DROP retirement.)**



# Termination of Employment at End of DROP Participation/Employment



## Termination of Employment at End of DROP Participation/Employment (Form 11H)

05-11H  
rev. 12/22

| HOW TO SUBMIT: | DROP OFF or MAIL IN                                     | EMAIL               | FAX            | Reviewed by Processing |
|----------------|---|---------------------|----------------|------------------------|
|                | 8401 United Plaza Blvd, Ste 300<br>Baton Rouge LA 70809 | web.master@trsl.org | (225) 925-6366 |                        |

**SAVE TIME!** Apply online through Member Access at [www.TRSL.org](http://www.TRSL.org). Select "Apply for retirement" under the "My Retirement" tab.

**Print in ink or type all entries except signatures.** Complete Sections 1-4 of this form if you are ready to terminate employment and retire (either during or after DROP participation). If you continue employment after DROP, you will be automatically re-enrolled in TRSL. Your retirement may be canceled prior to negotiating any benefit check, including estimated benefit payments. An acknowledgment letter will be sent within two weeks from the receipt of your application. If you do not receive an acknowledgment letter, contact TRSL.

| Section 1 - Member information  |   |
|---|---|
| Name (Last, first, MI, suffix (Jr., II, etc.))  | Social Security number (aaa-aa-aaaa)  |
| Street/PO box   | City, state, zip  |
| <b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Re-married <input type="checkbox"/> Legally separated <input type="checkbox"/> Widowed | Have you divorced or legally separated from a spouse since entering DROP? <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Daytime telephone (include area code) Email address   | Have you married since entering DROP? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Name of current or last employer  | Job title   |
| Have you changed employers during DROP participation? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Months of employment contract: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |

| Section 2 - Effective date of retirement   |  |
|--|--|
| The date you select here will be the date you wish your retirement to begin. This date will normally be the day following your last day of DROP participation; the day following your last day of employment after DROP participation; or the last day of leave, whichever is later. | Retirement date (mm/dd/yyyy)<br><input type="text"/> |
|  | For TRSL use only<br><input type="text"/>            |

| Section 3 - Necessary documents  |
|--|
| <input type="checkbox"/> I have completed Form 15D (Direct Deposit of Benefits) and will submit it to TRSL.  |
| <input type="checkbox"/> I have completed IRS Form W-4P (Withholding Certificate for Periodic Pension or Annuity Payments), which can be accessed online at <a href="http://www.TRSL.org">www.TRSL.org</a> , and will submit it to TRSL. |

| Section 4 - 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 monthly retirement benefit based upon the retirement option selected at the time I entered the DROP program. The monthly benefit may be adjusted by an additional amount based on my accumulated unused leave that is available for conversion to retirement credit and any additional service credit earned after the end of DROP participation. I understand that Internal Revenue Code Section 401(a)(9) requires that I begin withdrawing my DROP account funds upon termination of employment. I understand that I should receive an acknowledgment letter by mail approximately two weeks from the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL. |  |
| Member's signature (DO NOT PRINT OR TYPE)<br>▶ <input type="text"/>  | Date signed (mm/dd/yyyy)<br><input type="text"/> |

Form  
11H

# Form 11H – Sections 1 & 2

## Section 1 - Member information

Name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number (###-##-####)

Street/PO box

City, state, zip

**Marital status:**

☐ Single ☐ Married ☐ Divorced ☐ Re-married ☐ Legally separated ☐ Widowed

Have you divorced or legally separated from a spouse since entering DROP?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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 will normally be the day following your last day of DROP participation; the day following your last day of employment after DROP participation; or the last day of leave, whichever is later.

Retirement date (mm/dd/yyyy)

For TRSL use only

# Form 11H – Sections 3 & 4

## Section 3 - Necessary documents

- ☐ I have completed Form 15D (*Direct Deposit of Benefits*) and will submit it to TRSL.
- ☐ I have completed IRS Form W-4P (*Withholding Certificate for Periodic Pension or Annuity Payments*), which can be accessed online at [www.TRSL.org](http://www.TRSL.org), and will submit it to TRSL.

## Section 4 - 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 monthly retirement benefit based upon the retirement option selected at the time I entered the DROP program. The monthly benefit may be adjusted by an additional amount based on my accumulated unused leave that is available for conversion to retirement credit and any additional service credit earned after the end of DROP participation. I understand that Internal Revenue Code Section 401(a)(9) requires that I begin withdrawing my DROP account funds upon termination of employment. I understand that I should receive an acknowledgment letter by mail approximately two weeks from the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL.

Member's signature (DO NOT PRINT OR TYPE)



Date signed (mm/dd/yyyy)



# Direct Deposit of Benefits (Form 15D)

10-15D

rev. 04/22

## HOW TO SUBMIT:

### DROP OFF or MAIL IN

8401 United Plaza Blvd, Ste 300  
Baton Rouge LA 70809

### EMAIL

web.master@trsl.org

### FAX

(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 (###-##-####)

◀ **REQUIRED**

Daytime telephone (include area code)

### Please check one:

☐ This is a new direct deposit  
setup or a change to a new  
bank. (Section 3 required)

☐ This is a change of my  
account number with my  
same bank. (Section 3 -  
Financial officer signature  
not 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

☐ Change applies to **RETIREE** benefit payments only

☐ Change applies to **SURVIVOR/BENEFICIARY**  
payments only

Mailing address

City, state, zip

Email address

I authorize and request Teachers' Retirement System of Louisiana (TRSL) to direct the net amount of my monthly benefit payment for crediting to my account at the financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until canceled by written notice from me to TRSL.

My signature authorizes TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent, but not due, in the event that my death has occurred or if I become employed in the field of education, public or private, while receiving 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 information regarding my bank account designated below.

**REQUIRED  
SIGNATURE** ▶

Recipient's signature (DO NOT PRINT OR TYPE)

Date signed (mm/dd/yyyy)

## 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 Addendum to Direct Deposit of Benefits — Nonspousal

## SECTION 3 — Financial institution agreement

Name of financial organization

ACH routing number

Address: street / PO box

Bank account number

☐ Check

City, state, zip

In consideration of electronic payments made by the Teachers' Retirement System of Louisiana (TRSL) in accordance with the terms of the Direct Deposit of Benefits Agreement, the amount of any funds on deposit in the recipient's account that are due to the recipient are subject to disposition required by law and banking guidelines.

We further agree to accept as sufficient evidence TRSL's certification of the payee's date of death. In the event that we receive notice of the death of the payee, we agree to notify TRSL of the death and return any payments received after the death to the extent that funds are available.

**REQUIRED  
SIGNATURE** ▶

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.

PO Box 94123 • Baton Rouge, LA 70804-9123 • 1-877-ASK-TRSL (1-877-275-8775) • www.TRSL.org • web.master@trsl.org

# Direct Deposit of Benefits (Form 15D)



# Form 15D – Section 1

## SECTION 1 — Benefit recipient information

Name: Last, first, MI, suffix (Jr., III, etc.)

☐

Check here if  
address change

Your Social Security number (###-##-####)

◀ **REQUIRED**

Daytime telephone (include area code)

**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

☐

Change applies to **RETIREE** benefit payments only

☐

Change applies to **SURVIVOR/BENEFICIARY**  
payments only

Mailing address

City, state, zip

Email address

I authorize and request Teachers' Retirement System of Louisiana (TRSL) to direct the net amount of my monthly benefit payment for crediting to my account at the financial organization designated below. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. This authorization will remain in effect until canceled by written notice from me to TRSL.

My signature authorizes TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent, but not due, in the event that my death has occurred or if I become employed in the field of education, public or private, while receiving 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 information regarding my bank account designated below.

**REQUIRED  
SIGNATURE ▶▶**

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 *Addendum to 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       | <input type="text"/>   |
| City, state, zip               | Bank account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                | <input type="text"/>   |

In consideration of electronic payments made by the Teachers' Retirement System of Louisiana (TRSL) in accordance with the above request, we hereby agree to repay, at the time of demand, the amount of any funds on deposit in the recipient's account that are due to TRSL as a result of the recipient's death, subject to disposition required by law and banking guidelines.

We further agree to accept as sufficient evidence TRSL's certification of the payee's date of death. In the event that we learn of the payee's death before TRSL, we agree to notify TRSL of the death and return any payments received after the death to the extent that funds are available.

|                              |  |                               |
|------------------------------|--|-------------------------------|
| <b>REQUIRED SIGNATURE</b> ▶▶ | Signature of bank official* (DO NOT PRINT OR TYPE) | Date (mm/dd/yyyy)             |
|                              | Name of bank official (print or type)              | Title of bank official        |
|                              |  | Telephone (include area code) |

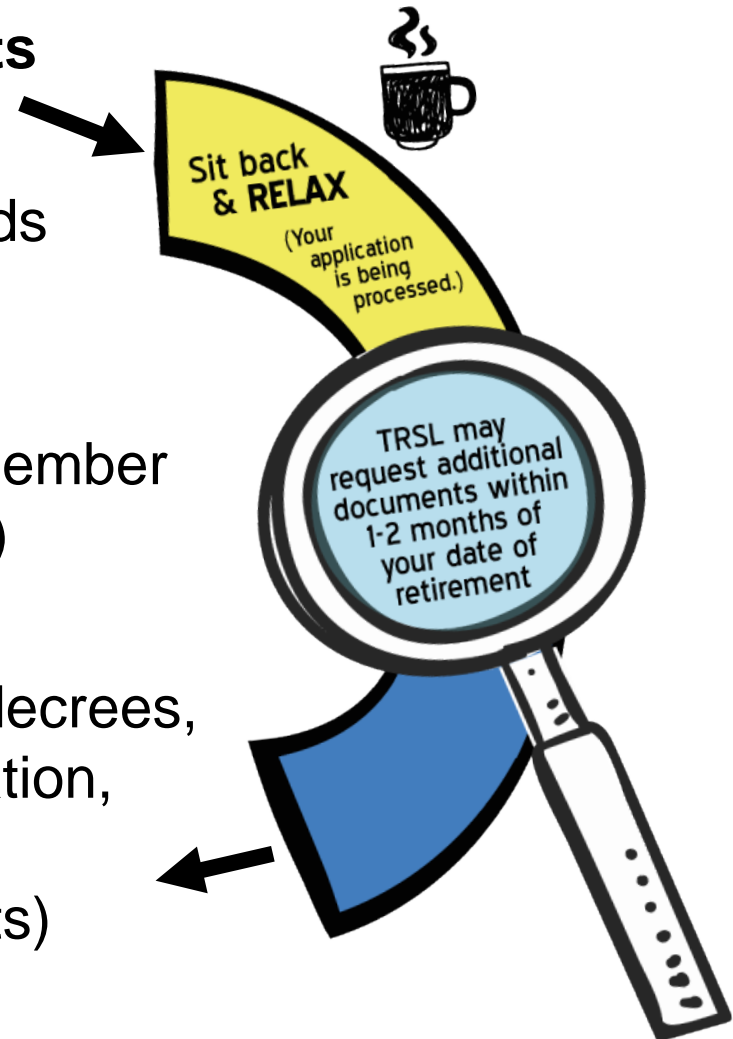
\*Bank teller/receptionist signatures are not acceptable.

## STEP 2: Submit documents

2

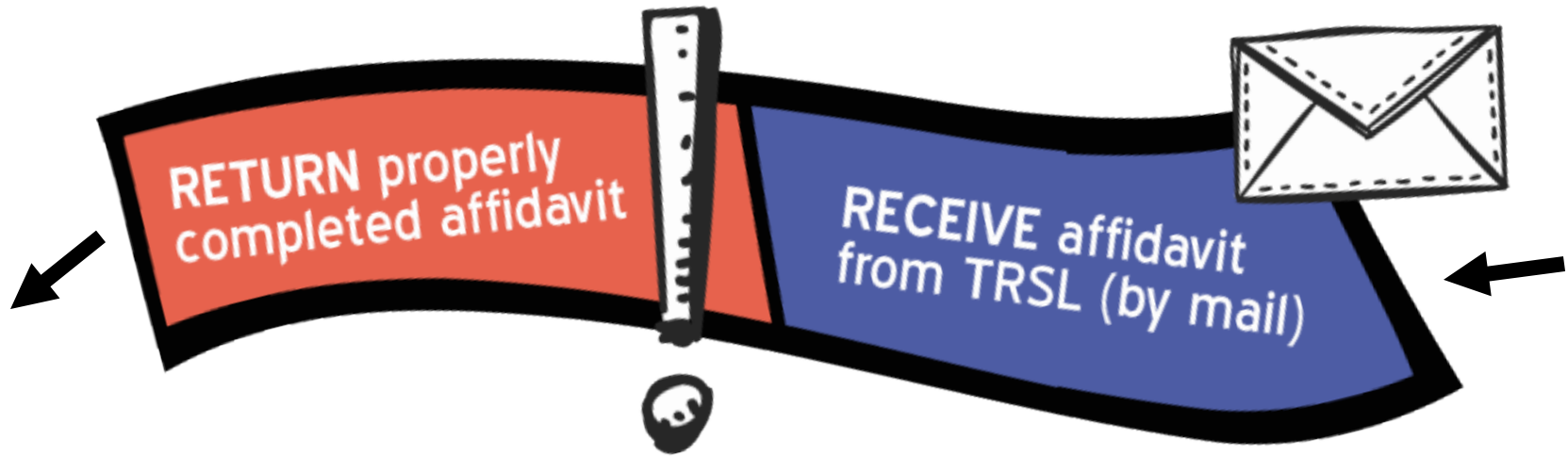
### Copies of documents needed:

- » 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 Affidavit for Estimated Retirement Benefits in the mail to choose your retirement option, along with instructions.

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.
  - » You **cannot change** your retirement option once you retire or enter DROP.
  - » You can only change your beneficiary under Option 1.



# The estimated affidavit

|                   |            |                |                         |                            |
|-------------------|------------|----------------|-------------------------|----------------------------|
| Member Name:      | ID Number: | Date of Birth: | Date of Retirement:     | Sex:                       |
| Beneficiary Name: |            |                | Relationship to Member: | Beneficiary Date of Birth: |

\*\* Altered forms not accepted \*\* Submit completed original only \*\* No copies, faxes, or scans accepted \*\*

RETIREMENT OPTION ELECTION (Cannot be changed). COMPLETE THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC.

Review the eight retirement option choices listed below. **Select ONE** option. 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.

| In the white space below, write your initials beside the option you select. | Retirement Option  | Estimated Member Benefit                   |   | Estimated Beneficiary Benefit<br>(upon death of member) |
|---|--------------------|--|---|---|
|   |                    | Monthly benefit<br>(your lifetime benefit) | Monthly benefit<br>(your lifetime benefit upon the death of your named beneficiary) |   |
|   | Maximum            |  | No beneficiary  | No beneficiary  |
|   | Option 1           |  |   | Remaining unpaid member 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) |  |   |   |

**IMPORTANT:** The estimates for Option 2, 2A, 3, 3A, 4, or 4A are based on calculations relating to the person whose name appears in the beneficiary box above. If you choose Options 2 through 4A, you irrevocably designate the person named above as your beneficiary.

|   |  |
|---|--|
| Marital Status:   | Are you married? _____ (Write "Yes" or "No" in the space to the left.) |
| MEMBER Signature:   | ▶  |
| Notary Public:<br><small>(A list of notaries can be found at <a href="http://www.sos.la.gov">www.sos.la.gov</a>.)</small> | Sworn and subscribed before me, this _____ day of _____, 20_____.      |
|   | Notary ID/Bar Roll #: _____ Notary Name (print): _____                 |
|   | Notary Signature: ▶  |



# The estimated affidavit

**STOP!**

Read this carefully before completing the Spousal Consent section below—you may not need to complete it.

If you are married, your spouse must complete the spousal consent form below in the presence of a notary, ONLY IF

- you choose Maximum, Option 1, Option 3A, Option 4, or Option 4A; OR
- you choose a beneficiary other than your spouse.

**IMPORTANT:** Affidavits are invalid if your spouse is listed as the beneficiary and the spousal consent is unnecessarily completed for Option 2, 2A, or 3.

**SPOUSAL CONSENT:** A member cannot choose to receive a TRSL benefit under Maximum, Option 1, Option 3A, Option 4, or Option 4A unless the spouse agrees and signs this affidavit in the presence of a notary. (If a spouse is unable to provide a signature, see instructions page.) ***I acknowledge that I am aware that my spouse (the member) has chosen a retirement benefit option that will not provide a 50% monthly survivor benefit for me if I am still living at the time of my spouse's death. If Option 1 is selected, I further acknowledge the beneficiary designation may be changed at any time.***

|  |   |                             |                       |
|--|---|-----------------------------|-----------------------|
| <b>SPOUSE Name</b> (print):  |   | <b>SPOUSE SSN:</b>          | _____ - _____ - _____ |
| <b>SPOUSE Signature:</b>   | ▶   |                             |                       |
| <b>Notary Public:</b><br>(A list of notaries can be found at <a href="http://www.sos.la.gov">www.sos.la.gov</a> .) | Sworn and subscribed before me, this _____ day of _____, 20_____. |                             |                       |
|  | <b>Notary ID/Bar Roll #:</b>                                      | <b>Notary Name</b> (print): |                       |
|  | <b>Notary Signature:</b> ▶  |                             |                       |

# The estimated affidavit



## Affidavit for Estimated Benefits Instructions and Helpful Checklist

The enclosed affidavit provides **estimates** of your retirement benefit for each of the eight TRSL retirement options. The affidavit for estimated benefits is an important legal document on which you will irrevocably designate your (1) retirement option choice; and (2) your lifetime beneficiary if you select Options 2, 2A, 3, 3A, 4, or 4A.

TRSL will check your affidavit closely to ensure that it has been accurately completed. Payment of your estimated retirement benefits can begin once we receive a properly completed affidavit.

**If your affidavit is not properly completed or is altered, TRSL must reject it.**

### Common reasons affidavits are rejected:

- Using corrective fluids or tape (white-out)
- Marking through or writing over any area (even if you initial the change)
- Writing in additional beneficiaries
- Unnecessarily completing the spousal consent section
- Submitting more than one affidavit

Use the checklist below to help you complete your affidavit correctly and avoid any delay of your benefit payment as well as the cost of paying a notary multiple times. The checklist does not need to be returned to TRSL.

### STEP 1: Verify beneficiary information

- ☐ Did you verify that your beneficiary information is correct? This is especially important if you requested multiple affidavits listing different beneficiaries.

### STEP 2: RETIREMENT OPTION ELECTION section

- ☐ 1. Did you initial to the left of the retirement option you selected? **EXAMPLE:**
- ☐ 2. Did you answer the marital status question? You will need to write the word "Yes" or "No" in the provided space based upon your marital status on the day you retired or entered DROP.
- ☐ 3. Did you sign your name in the space provided?
- ☐ 4. Did a notary fully complete this section? All areas must be completed. A list of notaries can be found at [www.sos.la.gov](http://www.sos.la.gov).

### STEP 3: SPOUSAL CONSENT section

- ☐ Did you choose a beneficiary that is not your spouse? If yes, the SPOUSAL CONSENT section must be fully completed in the presence of a notary.
- ☐ Did you choose your spouse as a beneficiary and select Maximum, Option 1, Option 3A, Option 4, or Option 4A? If yes, the spousal consent portion must be fully completed in the presence of a notary.

### IMPORTANT INFORMATION ABOUT SIGNATURES

**Member signature:** If the member is unable to provide a signature, the member must make a mark in the signature line of the retirement option election section in the presence of two witnesses (other than the named beneficiary) who must sign and print their names along with the notary.

**Spouse signature:** If the spouse is unable to provide a signature, the spouse must make a mark in the signature line of the spousal consent section in the presence of two witnesses (other than the member or named beneficiary) who must sign and print their names along with the notary.

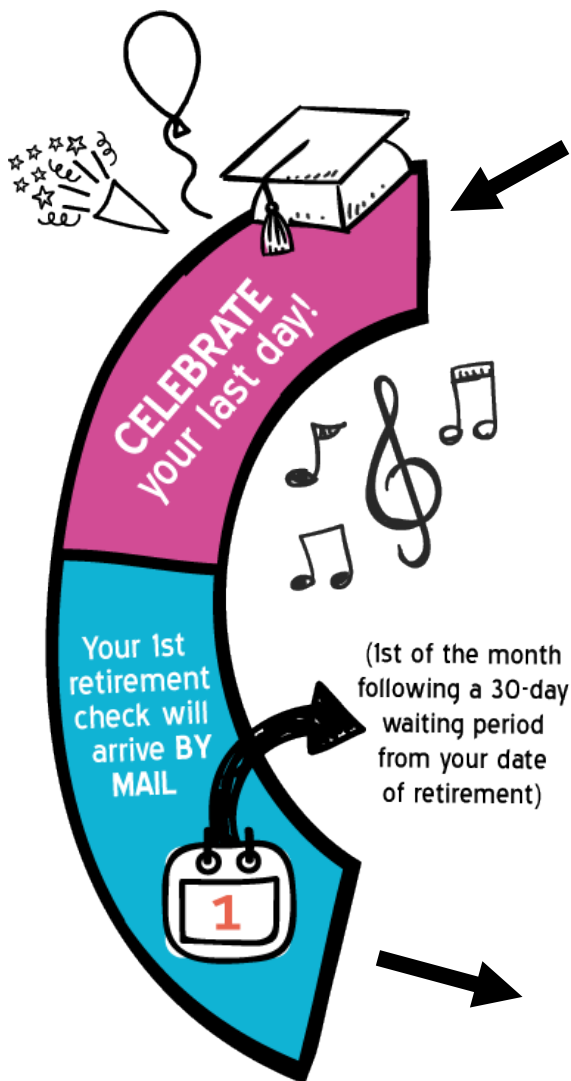
Mail **original** affidavit to TRSL:  
8401 United Plaza Blvd, Suite 300  
Baton Rouge LA 70809-7017

Altered documents cannot be accepted.  
If you make a mistake, contact TRSL to request a new affidavit.  
**Local phone:** 225-925-6446  
**Toll free (outside Baton Rouge):** 1-877-275-8775  
**Email:** [web.master@trsl.org](mailto:web.master@trsl.org)

- These instructions are mailed to you, along with your affidavit.
- The affidavit returned to TRSL must be a notarized original, have no alterations, and be mailed back to TRSL within 30 days.



# STEP 4: Your first benefit payment



# 4

- Your first benefit payment will be a paper check
- Subsequent payments will be direct deposited.



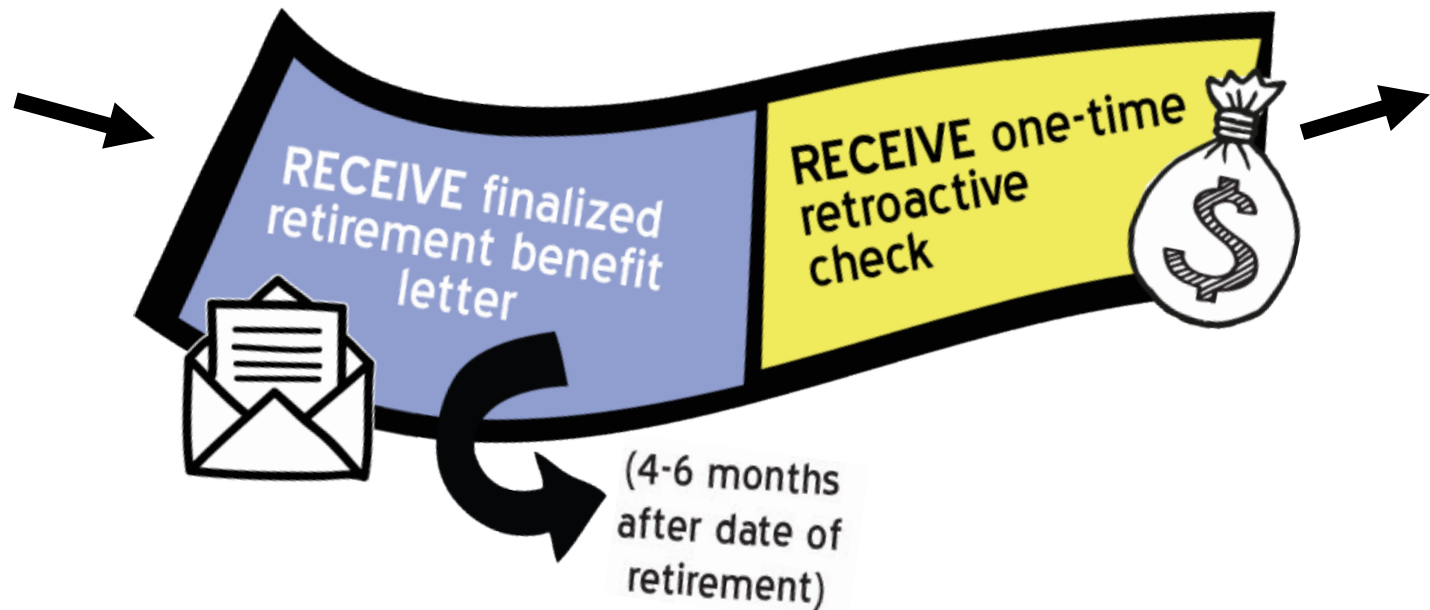
# How TRSL pays your benefits

- **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).
  - » Members entering DROP are unable to cancel DROP participation once your date passes and the affidavit is on file.
- **For Service Retirement & 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 will continue monthly until TRSL finalizes your benefit.

Members **retiring after DROP**: The estimated benefit is your DROP deposit amount plus your after-DROP estimated benefit, if applicable.



# STEP 5: Finalized benefit



5

- 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 😊



# 6

- **Stay in touch!**
  - » Update direct deposit info & federal tax withholdings anytime
  - » Let us know if your address changes

# Things to do now

## TRSL CHECKLIST



Register for Member Access



Submit important docs



Update contact info



Check beneficiary designation



Get a retirement estimate!

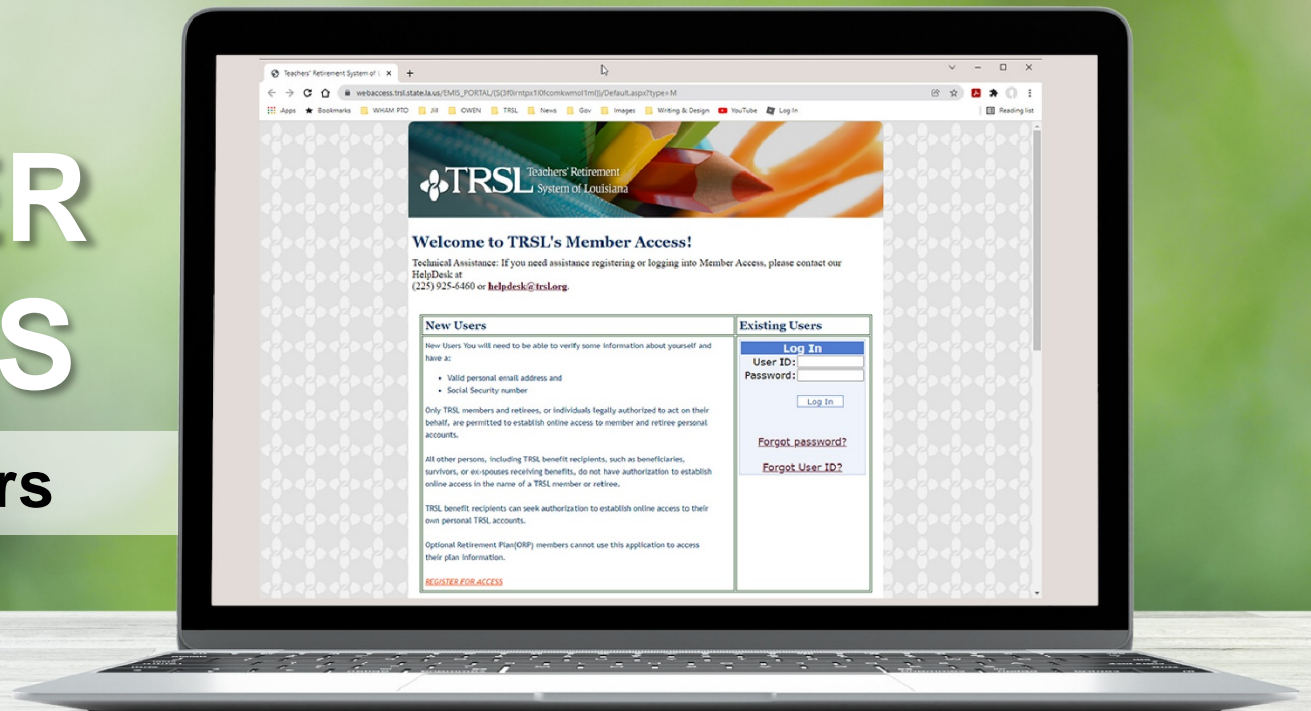
- Social Security cards (member & beneficiary)
- Birth certificates (member & beneficiary)

Divorce/separation decrees, community property settlements

- DIY via TRSL's Member Access
- Submit Form 10

# MEMBER ACCESS

## Active members



- Update name & mailing/email address
- Estimate future benefit with online calculators
- View annual statements
- Apply for retirement/DROP
- View DROP account
- View beneficiary(ies)
- Print income verification letter
- Request Social Security verification letter

# 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 months of contract (9, 10, 11, 12), then click “Create Estimate!”



**Register for MEMBER ACCESS @ [www.TRSL.org](http://www.TRSL.org)**

For technical assistance with Member Access, contact [support@trsl.org](mailto:support@trsl.org).





SHED SOME LIGHT ON

***Your Future with  
Online Member Access***

MEMBER ACCESS



My TRSL

Members

Retirees

Employers

***Find it online at [www.TRSL.org](http://www.TRSL.org)***



**BROCHURES**



**FORMS**



**NEWSLETTERS**



**WEBINARS**



**FAQs**

# What did you learn today?



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

# Questions?



# We are here for you!

Local phone:(225) 925-6446

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

**Website:** *www.TRSL.org*

**Questions:** *AskTRSL.org*



Follow us on Facebook



Follow us on Twitter



Subscribe on YouTube