



What does YOUR retirement hold?



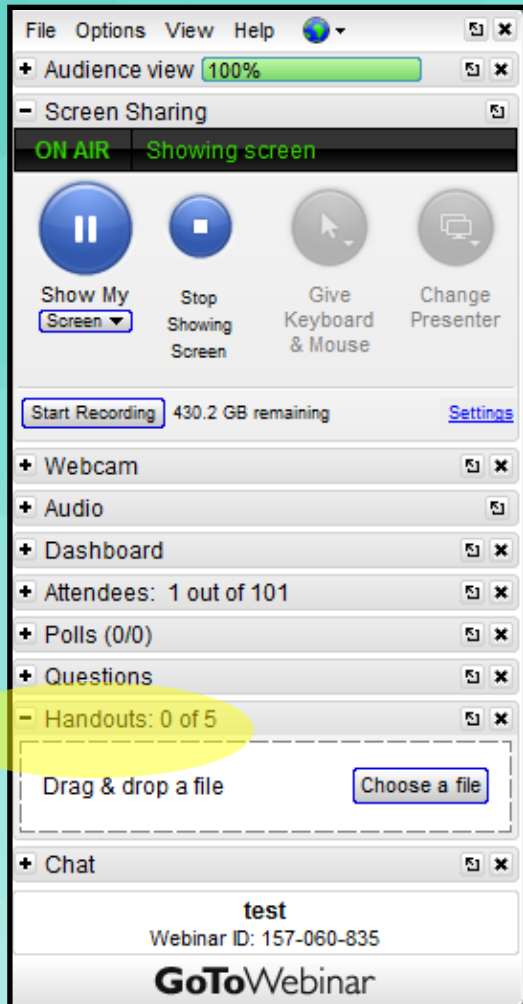
Road to Retirement...made simple

January 23, 2020

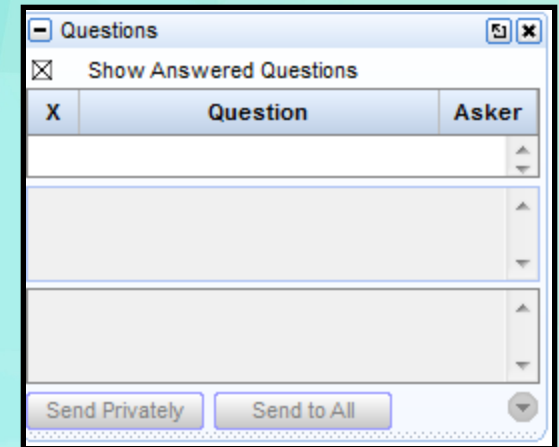
Friendly reminders

- 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.

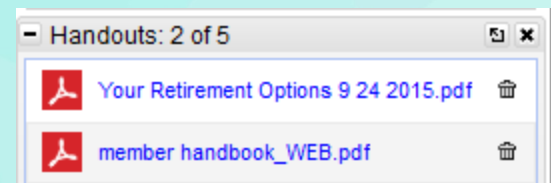
Go To Webinar features



Type your question here. →



Download handouts from today's webinar here. →



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.

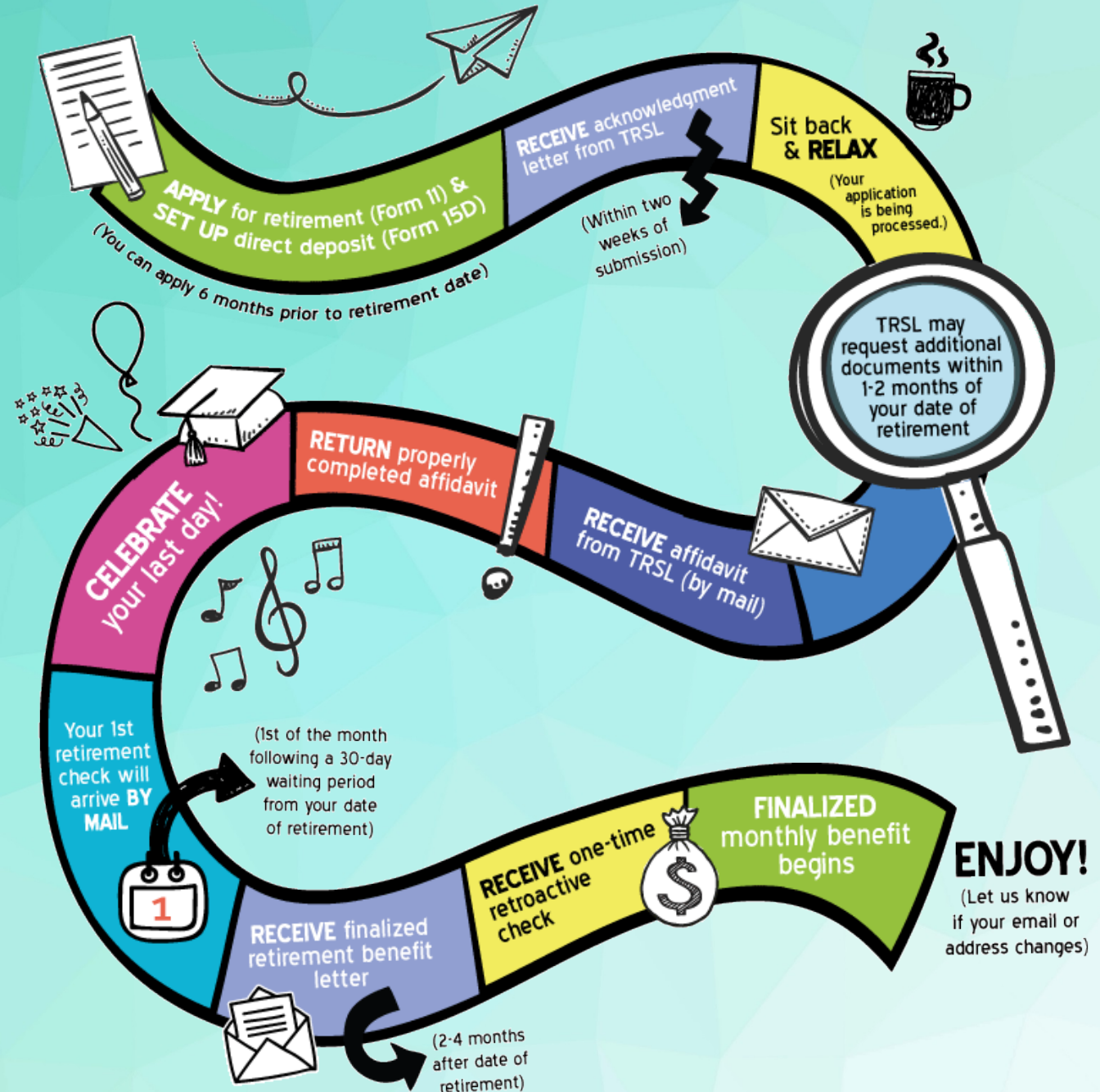


Please see TRSL's Member Handbook for retirement eligibility.

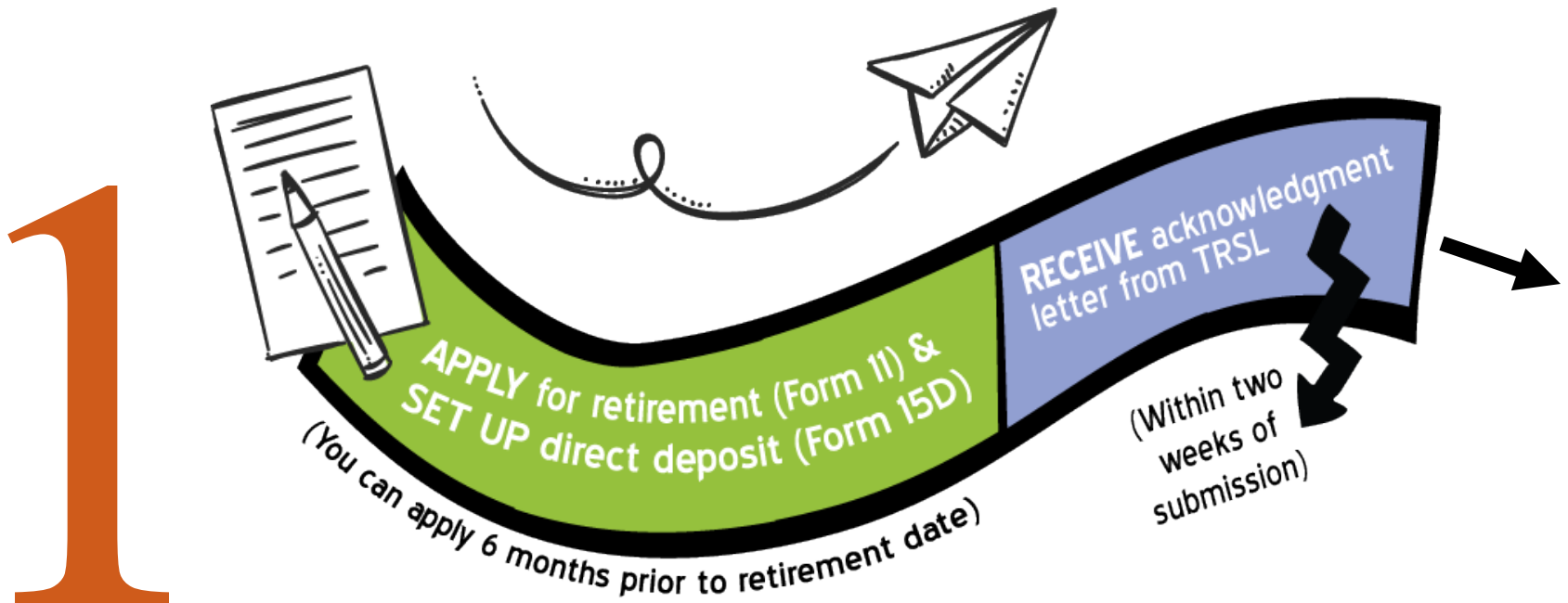
Because DROP/ILSB eligibility may differ, see DROP Handbook & ILSB brochure for more information.

The Road to Retirement

PSSST...
it's simple
and FUN!



ROUND 1: Application & acknowledgement



- 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*](http://www.TRSL.org/memberaccess)

Submit **Form 11 & Form 15D**

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



NOTE: Members applying for DROP do not submit the Form 15D at time of entering DROP.

Apply through Member Access

- Select “Apply for Retirement” from the “My Retirement” drop-down menu.



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

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



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: 225-925-6366
Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775)
www.TRSL.org • web.master@trsl.org

Application for Service Retirement, ILSB, or DROP

Form 11 (05/17)

TRSL USE ONLY

Employer number

Date of receipt

Approved by:

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.)

Street address / P.O. Box

City, state, zip

Home/cell telephone

E-mail address

Work telephone

Job title

Name of employer

Months of contract
☐ 9 ☐ 10 ☐ 11 ☐ 12

Check one: *Please attach applicable documents (such as Judgment(s) of Divorce, Death Certificate(s))

☐ Never married ☐ Married ☐ Divorced* ☐ Re-married ☐ Legally Separated ☐ Widowed

Current spouse's name: Last, first, MI, suffix (Jr., III, etc.)

Your Social Security number
____/____/____
Attach copy of card

An affidavit will not be sent until we receive a copy of your card.

Your date of birth - Attach proof of birthdate

____/____/____
mm-dd-yyyy

Spouse's Social Security number
____/____/____
Attach copy of card

Spouse's date of birth - Attach proof of birthdate

____/____/____
mm-dd-yyyy

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 — 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 6. 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)

Section 6 — Retirement option beneficiary for lifetime benefit payments or primary Option 1 beneficiary (Must be completed)

Name: Last, first, MI, suffix (Jr., III, etc.) If no beneficiary is desired, enter "no beneficiary." Do not leave blank.

Street / P.O. Box

City, state, zip

Social Security number
____/____/____
Attach copy of card

Date of birth Relationship

____/____/____
mm-dd-yyyy

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

Your Social Security number

____/____/____
mm-dd-yyyy

Form 11 (05/17)

Section 6A — Additional Option 1 beneficiaries (NOT applicable for ILSB retirement)

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

____/____/____
Attach copy of card

Date of birth Relationship

____/____/____
mm-dd-yyyy

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

____/____/____
Attach copy of card

Date of birth Relationship

____/____/____
mm-dd-yyyy

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

____/____/____
Attach copy of card

Date of birth Relationship

____/____/____
mm-dd-yyyy

☐ Check here if additional beneficiary forms submitted.

Section 7 — DROP/ILSB account beneficiaries (Complete ONLY if you elect to participate in DROP or ILSB.)

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

____/____/____
Attach copy of card

Date of birth Relationship

____/____/____
mm-dd-yyyy

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

____/____/____
Attach copy of card

Date of birth Relationship

____/____/____
mm-dd-yyyy

☐ Check here if additional beneficiary forms submitted.

Section 8 — Withholding certificate for pension or annuity payments (Form W-4P) (Not applicable for DROP Retirement)

The amount of withholding on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform TRSL of your tax filing status. You may choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions. This may result in your not having enough tax withheld. If withholding and tax payments are not sufficient, you may incur penalties under IRS regulations.

Complete the following applicable lines:

1. I elect not to have tax withheld from my pension or annuity. (Does not apply to foreign check address) ☐

2. I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on Line 3.)

Marital status: ☐ Single ☐ Married ☐ Married, but withheld 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 9 — Withholding certificate signature

Member's signature (Do not print or type)

Form 11

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.)

Street address / P.O. Box

City, state, zip

Home/cell telephone

()

E-mail address

Work telephone

()

Job title

Name of employer

Months of contract

☐ 9 ☐ 10 ☐ 11 ☐ 12

Check one: *Please attach applicable documents [such as Judgment(s) of Divorce, Death Certificate(s)]

☐

Never married

☐

Married

☐

Divorced*

☐

Re-married

☐

Legally Separated

☐

Widowed

Current spouse's name: Last, first, MI, suffix (Jr., III, etc.)

Your Social Security number

--	--	--	--	--	--	--	--	--	--

Attach copy of card

An affidavit will not be sent
until we receive a copy of your card.

Your date of birth - Attach proof of birthdate

____ / ____ / ____
mm-dd-yyyy

Spouse's Social Security number

--	--	--	--	--	--	--	--	--	--

Attach copy of card

Spouse's date of birth - Attach proof of birthdate

____ / ____ / ____
mm-dd-yyyy

Form 11 – Sections 3, 4, 5, & 6

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 — 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 6. 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)

Section 6 — Retirement option beneficiary for lifetime benefit payments or primary Option 1 beneficiary (Must be completed)

Name: Last, first, MI, suffix (Jr, III, etc.) If no beneficiary is desired, enter "no beneficiary." Do not leave blank.

Street / P.O. Box

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
----	----

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--

Attach copy of card

Date of birth

____/____/____
mm-dd-yyyy

Relationship

Form 11 – Section 6A

Section 6A — Additional Option 1 beneficiaries (NOT applicable for ILSB retirement)

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attach copy of card

Date of birth

Relationship

____/____/____
mm-dd-yyyy

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attach copy of card

Date of birth

Relationship

____/____/____
mm-dd-yyyy

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attach copy of card

Date of birth

Relationship

____/____/____
mm-dd-yyyy

☐ Check here if additional beneficiary forms submitted.

Form 11 – Section 7

Section 7 — DROP/ILSB account beneficiaries (Complete ONLY if you elect to participate in DROP or ILSB.)

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

--	--	--	--	--	--	--	--	--	--

Attach copy of card

Date of birth

Relationship

____/____/____
mm-dd-yyyy

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

Street / P.O. Box

City, state, zip

☐ Primary

☐ Contingent

Social Security number

--	--	--	--	--	--	--	--	--	--

Attach copy of card

Date of birth

Relationship

____/____/____
mm-dd-yyyy

☐ Check here if additional beneficiary forms submitted.

Form 11 – Sections 8 & 9

Section 8 — Withholding certificate for pension or annuity payments (Form W-4P)

(Not applicable for DROP Retirement)

The amount of withholding on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform TRSL of your tax filing status. You may choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions. This may result in your not having enough tax withheld. If withholding and tax payments are not sufficient, you may incur penalties under IRS regulations.

Complete the following applicable lines:

1. I elect not to have tax withheld from my pension or annuity. (Does not apply to foreign check address) ☐
2. I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances **and** marital status shown.
(You may also designate an additional dollar amount on Line 3.)
Marital status: ☐ Single ☐ Married ☐ Married, but withhold at higher single rate Enter number of allowances
3. I want the following additional dollar amount withheld from each pension or annuity payment:
NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on Line 2. \$ Enter amount

Section 9 — Withholding certificate signature

(Not applicable for DROP Retirement)

Member's signature (Do not print or type)



Date signed (mm-dd-yyyy)



Teachers' Retirement System of Louisiana
8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
PO 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

Form 15D (02/15)

10-15D

Form may not
be altered
Do not use for DROP
or ILSB withdrawals

Direct Deposit of Benefits

Direct deposit payment stubs are mailed only when one of the following occurs: (1) establishment of direct deposit, (2) change in net pay, or (3) at the end of the calendar year.

TRSL offers Member Access, which gives you secure, online access to your retirement account. To register, visit www.trsl.org, and follow the easy instructions.

Section 1 — Beneficiary information

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

Telephone

()

Mailing address:

City, state, zip

Email address

☐ Check here if address change

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)

Social Security number

--	--	--	--	--	--	--	--	--	--

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

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.

Recipient's signature (Do not print or type)

Date signed (mm-dd-yyyy)

Section 2 — Information about joint signer (if applicable)

Name of joint signer (if any): Last, first, MI, suffix (Jr, III, etc.)

Relationship to recipient

Telephone

()

Street address only

City, state, zip

Social #

--	--	--	--	--

NOTE: For additional joint signers, complete TRSL's Addendum to Direct Deposit of Benefits — Nonspousal Joint Signer

Section 3 — Financial institution agreement

Name of financial organization

ACH routing number

--	--	--	--	--	--	--	--	--	--

Address: Street / P.O. Box

Bank account number

--	--	--	--	--	--	--	--	--	--

City, state, zip

In consideration of Teachers' Retirement System of Louisiana (TRSL) making payments in accordance with the foregoing endorsement of the payee, we hereby agree to repay, subject to disposition required by law and banking guidelines, the amount of such payment at the time of demand that is due TRSL by reason of death of the retiree. We further agree to accept the amount of such payment as sufficient evidence of date of death. In the event that we learn of the payee's death before TRSL, we agree to return any payments received after the death of payee to the extent that funds are available.

Dated at _____ this _____ day of _____

Signature of financial officer (Do not print or type)

Name and title of financial officer (Print or type)

Telephone

()

Return original or fax to Teachers' Retirement System of Louisiana

Direct Deposit of Benefits (Form 15D)



Form 15D – Section 1

Section 1 — Benefit recipient information

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

Telephone

()

Mailing address:

City, state, zip

Email address

☐ Check here if address change

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)

Social Security number

--	--	--	--	--	--	--	--	--	--

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

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.

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)

Name of joint signer (if any): Last, first, MI, suffix (Jr., III, etc.)

Relationship to recipient

Telephone

()

Social Security number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address only

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

Address: Street / P.O. Box

City, state, zip

ACH routing number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank account number

☐

Checking

☐

Savings

☐

ATM

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

In consideration of Teachers' Retirement System of Louisiana (TRSL) making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay, subject to disposition required by law and banking guidelines, the amount of any funds on deposit in the recipient's account at the time of demand that are due TRSL by reason of death of the retiree. We further agree to accept the certification of TRSL as to the date of death of such payee as sufficient evidence of 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 of payee to the extent that funds are available.

Dated at _____ this _____ day of _____, _____.

Signature of financial officer (Do not print or type)

Name and title of financial officer (Print or type)

Telephone

Toll-free number

()

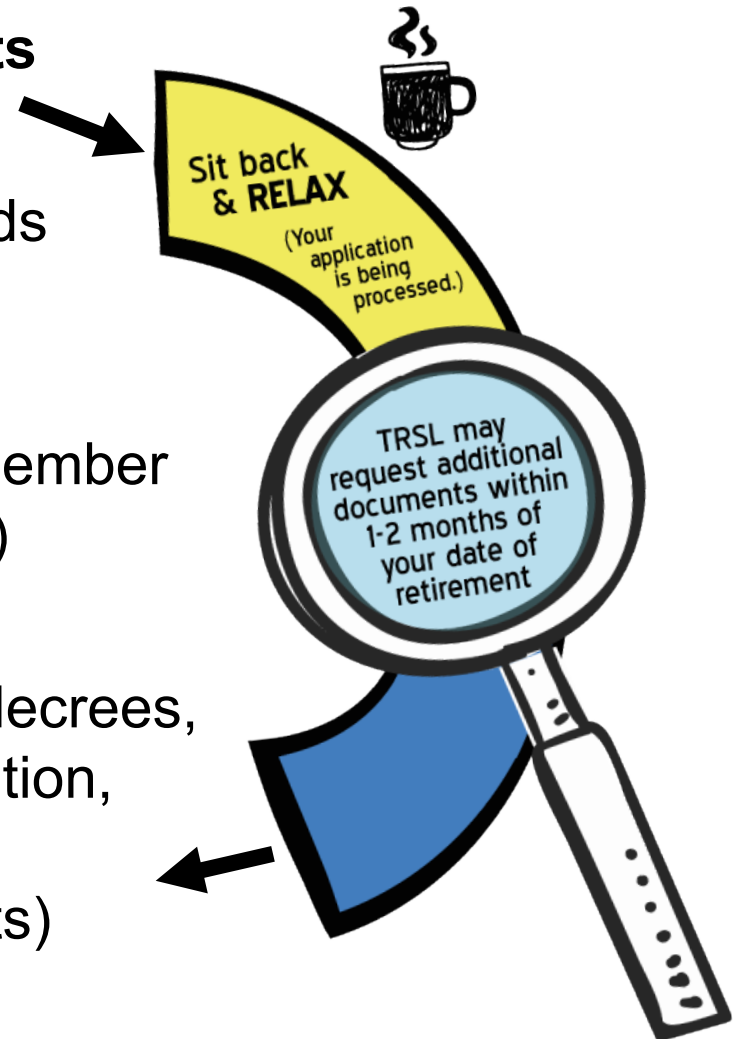
Return original or fax to Teachers' Retirement System of Louisiana

ROUND 2: It's YOU time!

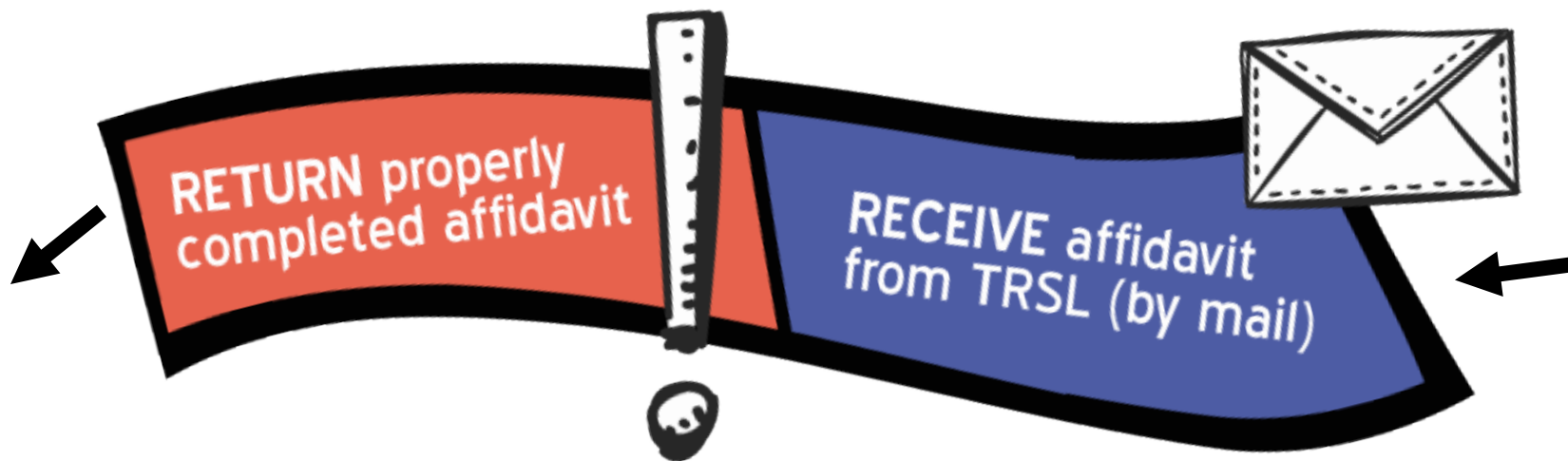
2

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)



ROUND 3: The 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.

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.**



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.

Retirement Option	Member Benefit		Beneficiary Benefit (upon death of member)
	Monthly benefit for your life	Monthly benefit upon death of your named beneficiary	
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:	
--------------	--	------------------	--	-----------------------	--

The estimated affidavit

RETIREMENT OPTION ELECTION (Cannot be changed)

1. Are you married? _____ (Yes or No)

2. I, _____, am electing the following retirement option:

Initial to the left of the retirement option you are electing. **Only ONE retirement option can be selected, and your retirement option election is irrevocable.** If you choose Option 2, 2A, 3, 3A, 4, or 4A, you irrevocably designate as beneficiary the person whose name appears in the beneficiary box above.

_____ <i>Initials</i>	Maximum
_____ <i>Initials</i>	Option 1

_____ <i>Initials</i>	Option 2
_____ <i>Initials</i>	Option 2A

_____ <i>Initials</i>	Option 3
_____ <i>Initials</i>	Option 3A

_____ <i>Initials</i>	Option 4
_____ <i>Initials</i>	Option 4A

3. _____
Retiree's Signature

4. Sworn and subscribed before me, this _____ day of _____, 20_____.

Notary Public ID/Bar Roll #

Notary Public Name, Printed

Notary Public 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.

SPOUSAL CONSENT: A retiree cannot choose to receive his/her 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 spouse is unable to sign his/her full name, then his/her mark must include two witness signatures (other than the retiree or named beneficiary), along with the notary signature.

I acknowledge that I am aware that my spouse (the retiree) has chosen a retirement benefit option which will not provide a 50% monthly survivor benefit for me if I am still living at the time of my spouse's death.

Spouse Social Security number

Spouse Signature

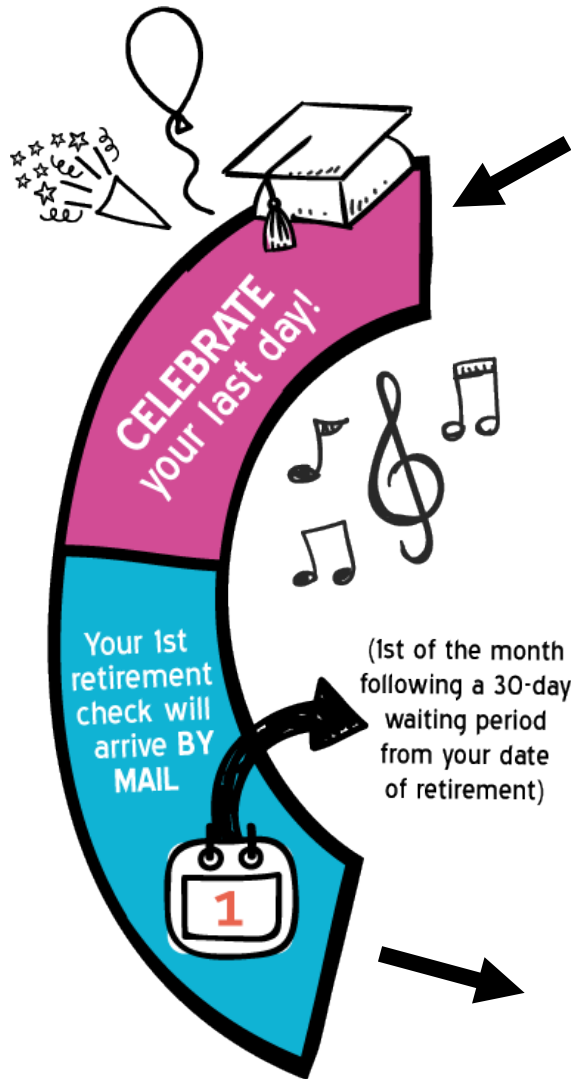
Sworn and subscribed before me, this _____ day of _____, 20_____.

Notary Public ID/Bar Roll #

Notary Public Name, Printed

Notary Public Signature

ROUND 4: Check the mailbox!



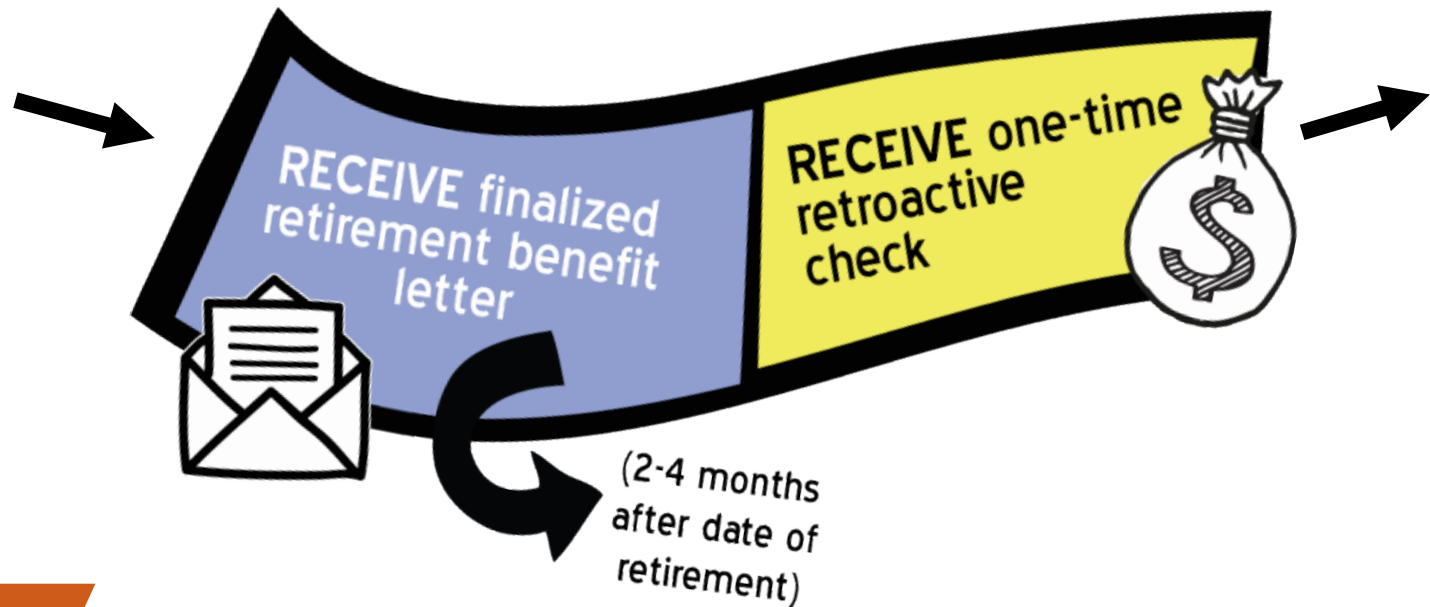
4

- 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 LSB, there is a 30-day waiting period.**
 - » This period begins on your retirement date. However, we must have your estimated affidavit as well as your direct deposit form to determine your benefit.
- **You will receive estimated benefits as first payments.**
 - » This partial benefit will continue monthly until TRSL finalizes your benefit. (For DROP participants: The estimated benefit is your DROP deposit amount plus your after-DROP estimated benefit, if applicable.)

ROUND 5: Benefit finalization



5

- Once your final benefit has been calculated, 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**



ROUND 6: Enjoy yourself!



6

- **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. (*Use 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 address & beneficiary/ies.
- Get a retirement estimate:
 - » Submit Form 10
 - » Use the calculators on Member Access

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

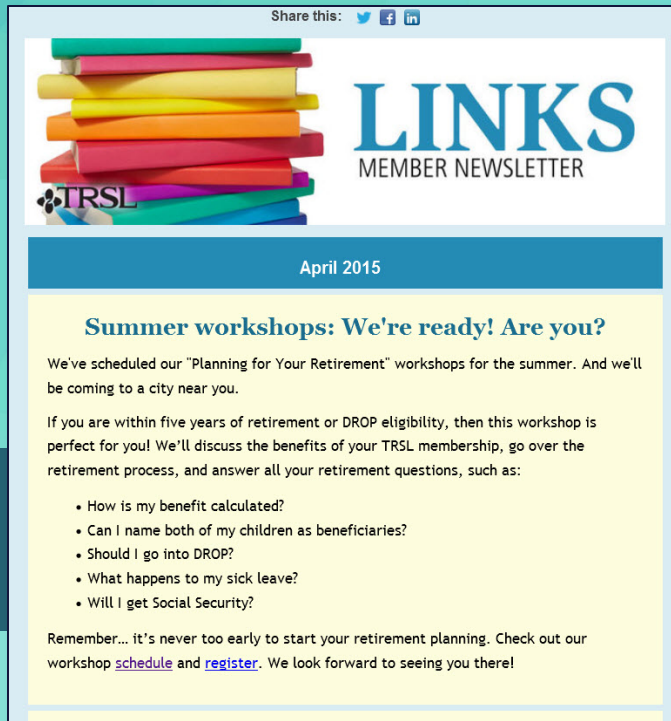
Online calculators loaded with your account information

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!”

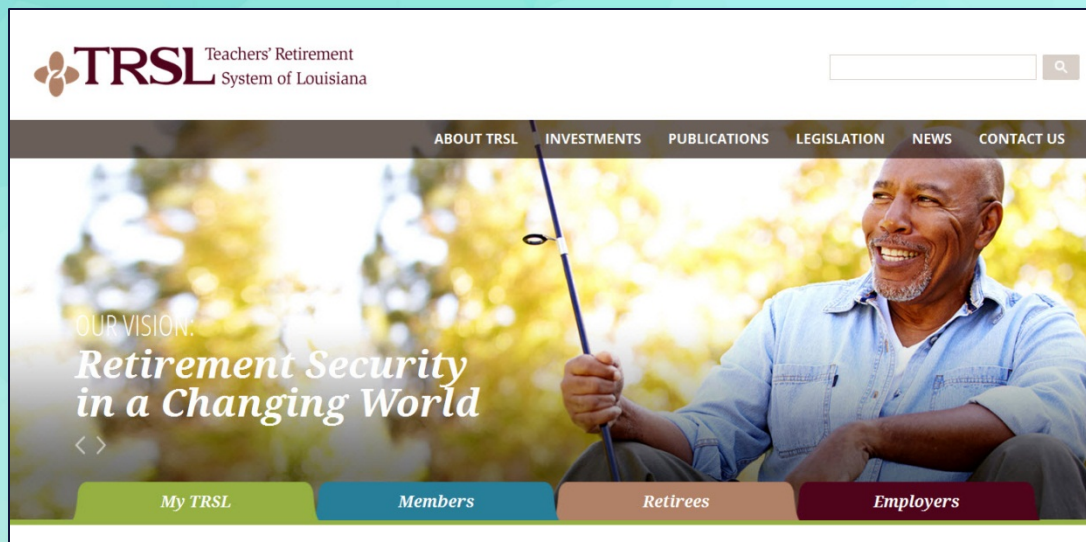


Register for MEMBER ACCESS @ www.TRSL.org

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



www.TRSL.org



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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