



What does YOUR retirement hold?



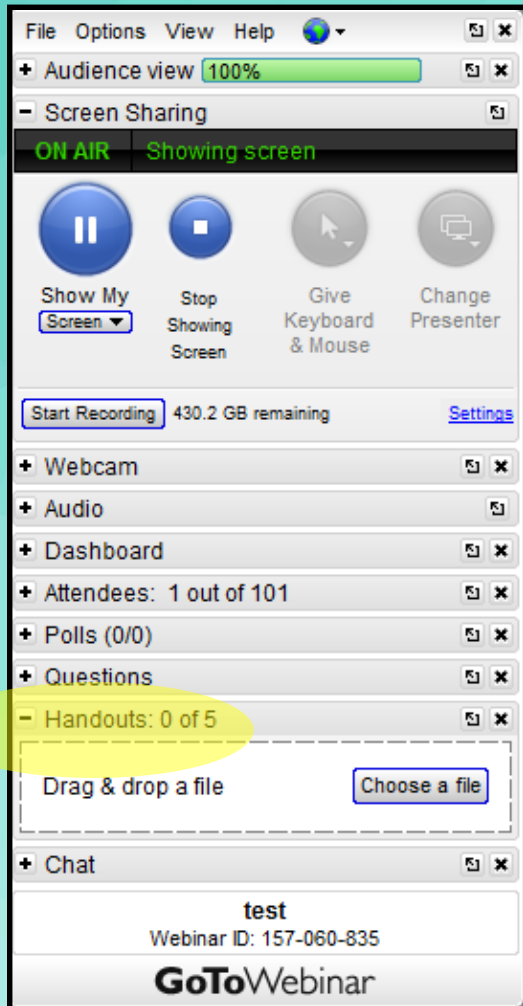
Road to Retirement...made simple

November 12, 2020

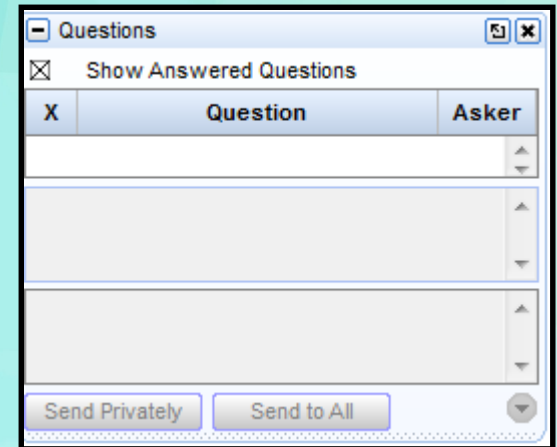
Friendly reminders

- 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.

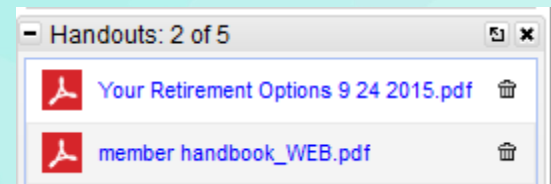
Go To Webinar features



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.

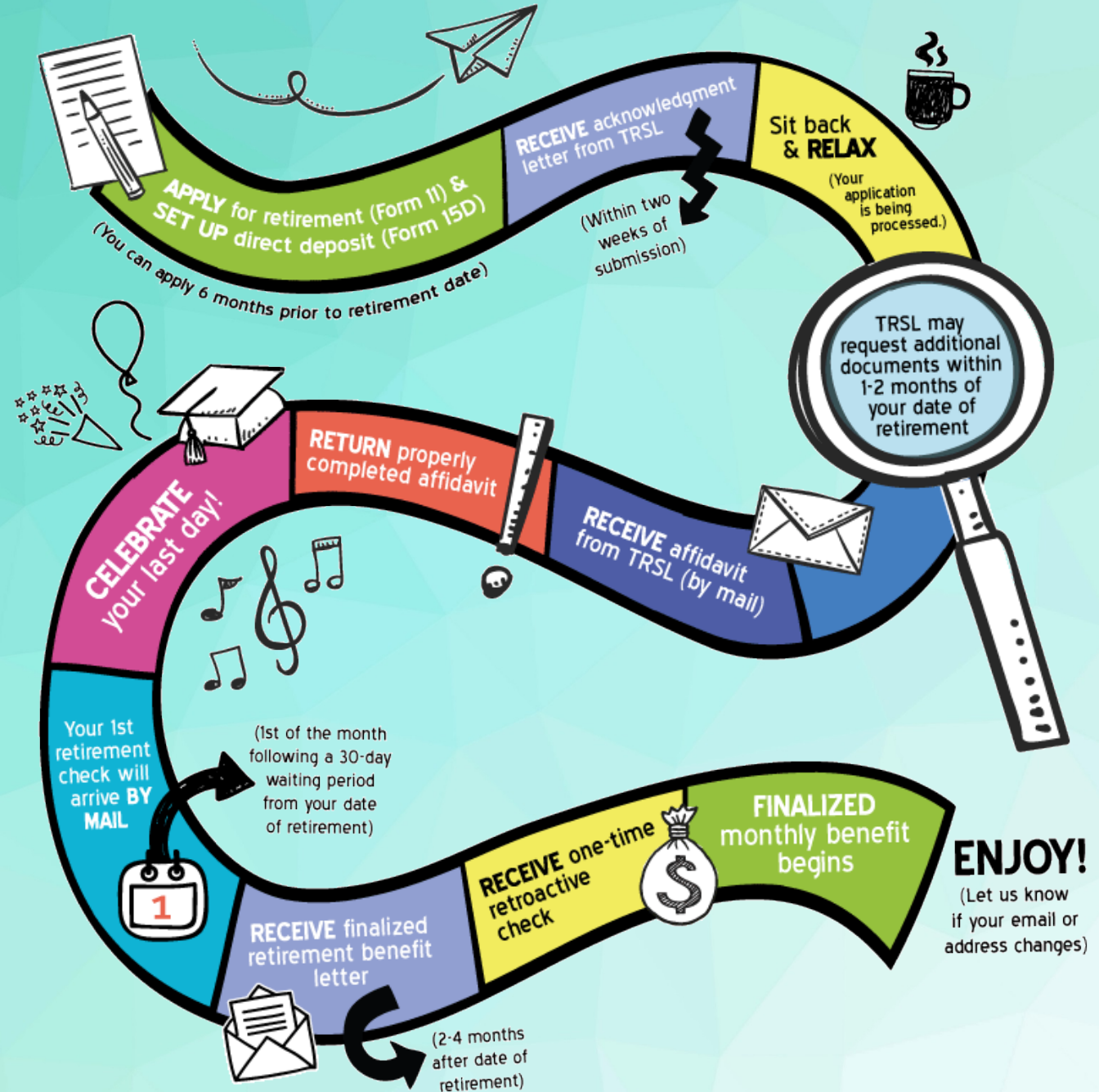


Please see TRSL's Member Handbook for retirement eligibility.

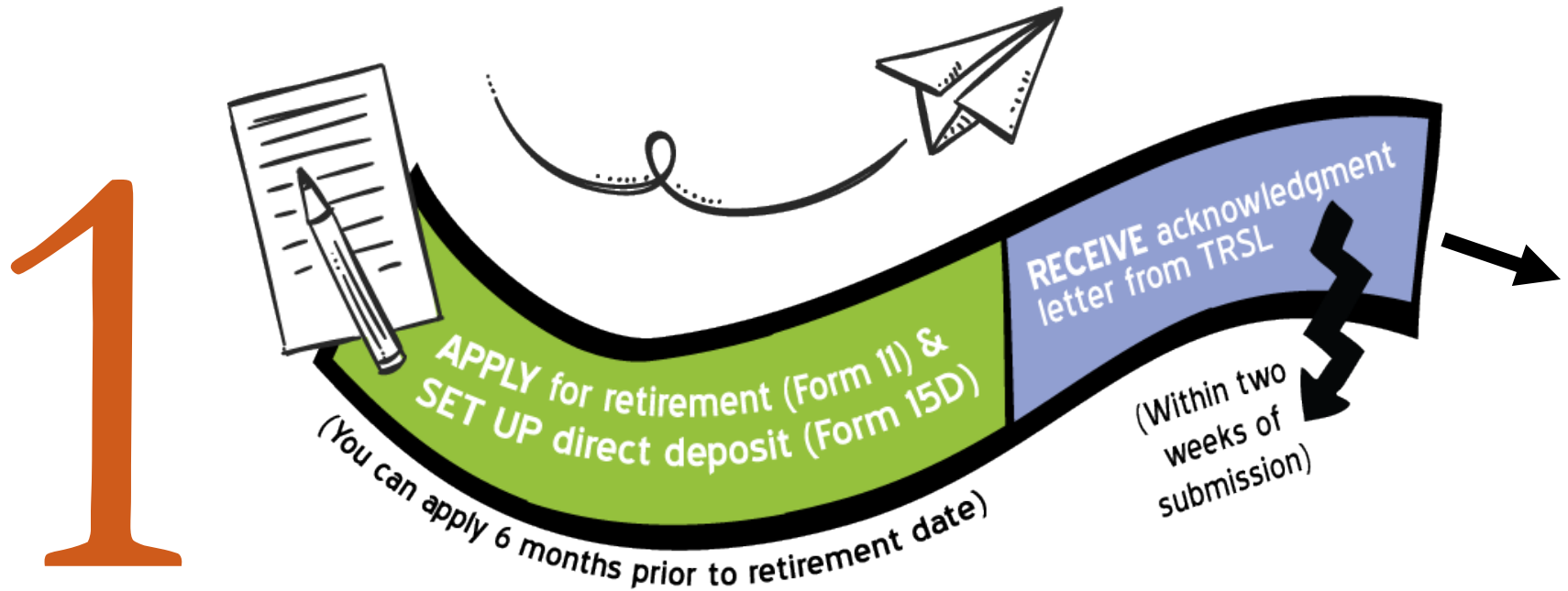
Because DROP/ILSB eligibility may differ, see DROP Handbook & ILSB brochure for more information.

The Road to Retirement

PSSST...
it's simple
and FUN!



Step 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

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” 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

** LA-LOUISIANA - **

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

Form 11 (03/20)

TRSL USE ONLY

Employer number _____

Approved by _____

Application for Service Retirement, ILSB, or DROP

Section 1 — Retirement information (Must be completed)

Check one: Service ILSB DROP

06-11A 06-11AS 06-11F

Date of retirement/DROP begin date

____/____/____
mm-dd-yy

Section 2 — Member information (Must be completed)

Name (last, first, M, middle initial, etc.)

Street address (P.O. box)

City, state, zip

Home/office telephone ()

Home address

Work telephone ()

Work address

Years of service

Months of contract (if bonded)

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

Never married Married Divorced* Re-married Legally separated Widowed*

Current spouse's name (last, first, M, middle initial, 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-yy

Spouse's Social Security number

____-____-____

Attach copy of card

Spouse's date of birth - Attach proof of birthdate

____/____/____
mm-dd-yy

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

If you elect to receive 85% or more of your maximum lump sum, your ILSB account will not be set up for payment until all member and employer information is received and your final retirement benefit amount is calculated.

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

An estimated affidavit will be sent to you at a later date for you to choose your retirement option.

Name (last, first, M, middle initial, 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

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

See reverse to complete and sign application

Your Social Security number

____-____-____

Form 11 (03/20)

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

Name (last, first, M, middle initial, etc.)

____-____-____

Street/P.O. box

City, state, zip

Primary

Contingent

____ %

Social Security number

____-____-____

Attach copy of card

Date of birth

____/____/____

Relationship

Name (last, first, M, middle initial, etc.)

____-____-____

Street/P.O. box

City, state, zip

Primary

Contingent

____ %

Social Security number

____-____-____

Attach copy of card

Date of birth

____/____/____

Relationship

Name (last, first, M, middle initial, etc.)

____-____-____

Street/P.O. box

City, state, zip

Primary

Contingent

____ %

Social Security number

____-____-____

Attach copy of card

Date of birth

____/____/____

Relationship

Check here if additional beneficiary forms submitted.

Section 6 — 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:

- I elect not to have tax withheld from my pension or annuity. (Does not apply to foreign check address)
- 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 _____
- 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 6A — Withholding certificate signature - (Not applicable for DROP Retirement)

Member's signature (Do not print or type)

Date signed (mm-dd-yy)

____/____/____

Section 7 — 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 38) to designate my DROP/ILSB account beneficiary(ies). By initialing next to this option, I understand if I fail to submit a completed Form 38 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 8 — Signature of applicant (Must be completed for application to be processed)

In accordance with Louisiana laws, I have carefully read the instructions and made the appropriate beneficiary designation(s) on an acknowledgment letter by mail approximately two weeks after the date TRSL receives my application. If I do not contact TRSL.

Date signed (mm-dd-yy)

____/____/____

(Benefits) is required. Please complete and submit to TRSL. (Not applicable for DROP retirement.)

Form 11

Form 11 – Sections 1 & 2

Section 1 — Retirement information (Must be completed)

Check one: Service 06-11A ILSB 06-11AS 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

()

Name of employer

Months of contract (if known)

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

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

If you elect to receive 85% or more of your maximum lump sum, your ILSB account will not be set up for payment until all member and employer information is received and your final retirement benefit amount is calculated.

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

An estimated affidavit will be sent to you at a later date for you to choose your retirement option.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attach copy of card

Date of birth

/ /
mm-dd-yyyy

Relationship

See reverse to complete and sign application. →

Form 11 – Section 5A

Your Social Security number

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Form 11 (03/20)

Section 5A — 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

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Attach copy of card

Date of birth

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mm-dd-yyyy

Relationship

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

Street / P.O. Box

City, state, zip

Primary

Contingent

%

Social Security number

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Attach copy of card

Date of birth

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mm-dd-yyyy

Relationship

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

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mm-dd-yyyy

Relationship

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 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 6A — Withholding certificate signature - (Not applicable for DROP Retirement)

Member's signature (Do not print or type)

Date signed (mm-dd-yyyy)



Form 11 – Sections 7 & 8

Section 7 — 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 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 8 — 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 Form 15D (Direct Deposit of Benefits) is required. Please complete and submit to TRSL. (Not applicable for DROP retirement.)

Termination of Employment at End of DROP Participation/Employment

 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) 925-6366 Toll free (outside the Baton Rouge area): 1-877-ASK-TRSL (877-275-8775) www.TRSL.org • web.master@trsl.org		Form 11H (05/17) 05-11H
Reviewed by Processing	Termination of Employment at End of DROP Participation / Employment	
<p>Print in blue or black ink or type all entries except signatures. Complete Sections 1-5 of this form. If you are continuing employment after DROP you do not need to complete this form until you are ready to terminate employment. If you continue employment after DROP you will be automatically re-enrolled in Teachers' Retirement System of Louisiana (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.</p>		
Section 1 — Member Information		
Name (Last, first, MI, middle, Jr, Sr)		Social Security number
Town / PO Box		<input type="text"/>
City, state, zip		Marital status: <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
Employer telephone (include area code)		Have you divorced or legally separated from a spouse since entering DROP?
Working telephone (include area code)		<input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail address		Have you remarried since entering DROP?
Job title		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of current or last employer		Have you changed employers during DROP participation?
<input type="checkbox"/> Yes <input type="checkbox"/> No		Months of 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 <input type="text"/> / <input type="text"/> / <input type="text"/> <small>(mm-yy-yy)</small>
		For TRSL Use Only <input type="text"/>
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 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 estimated 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. <small>(If you check this box, do not complete lines 2 or 3.)</small>	<input type="checkbox"/>	
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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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 <small>(including zero) of allowances on line 2.</small>	\$ Enter amount	
Section 4 — Direct deposit notification		
<input type="checkbox"/> Form 150, Direct Deposit of Benefits, has been completed and will be forwarded. Note: Effective January 1, 2002, benefit payments must be made by direct deposit.		
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 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-yy-yy)	

**Form
11H**

Form 11H – Sections 1 & 2

Section 1 — Member information

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

Street / P.O. Box

City, state, zip

Daytime telephone (include area code)

Evening telephone (include area code)

E-mail address

Job title

Name of current or last employer

Have you changed employers during DROP participation?

 Yes No

Social Security number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Marital status:

 Single Married Divorced Re-married Legally separated Widowed

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

 Yes No

Have you married since entering DROP?

 Yes No

Months of 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

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<small>(mm-dd-yyyy)</small>				

For TRSL Use Only

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 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 estimated 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.**
(If you check this box, do not complete lines 2 or 3.)

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 4 — Direct deposit notification

Form 15D, Direct Deposit of Benefits, has been completed and will be forwarded. Note: Effective January 1, 2002, benefit payments must be made by direct deposit.

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 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.

Members'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

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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 ()

Social #

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

Street address only

City, state, zip

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 agreement of the payee, we hereby agree to repay, subject to disposition required by law and banking guidelines, the amount of any payment made to the payee's account at the time of demand that are 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 make 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



()

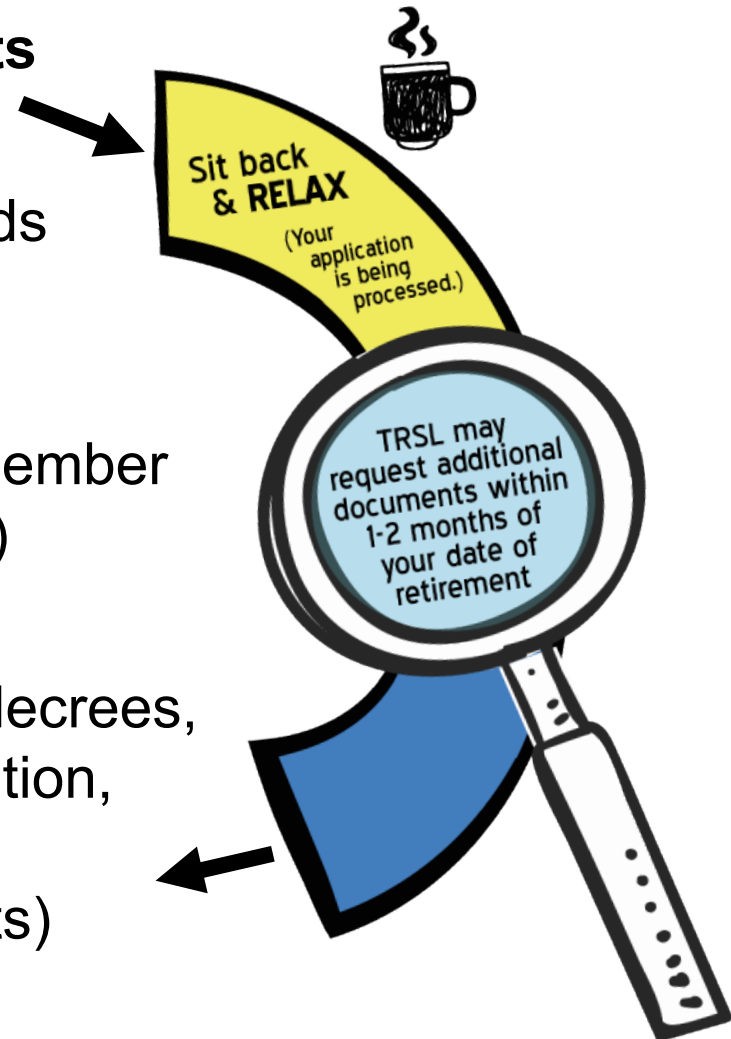
Return original or fax to Teachers' Retirement System of Louisiana

STEP 2: Submit documents

2

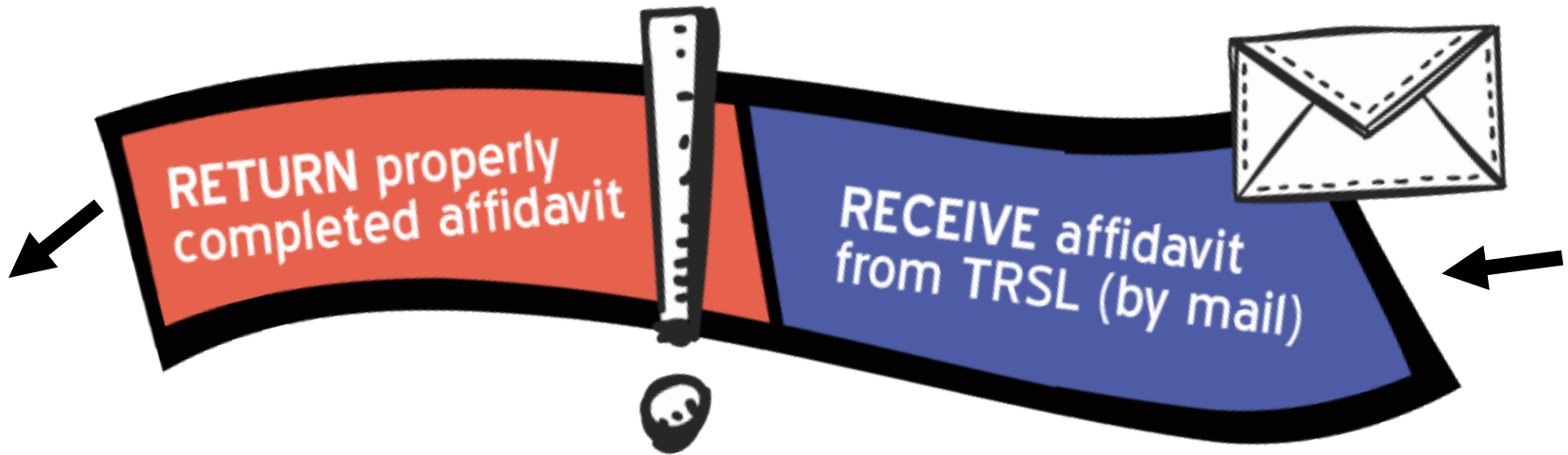
Copies of documents needed:

- » 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 *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.

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.

_____	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
<i>Initials</i>	

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

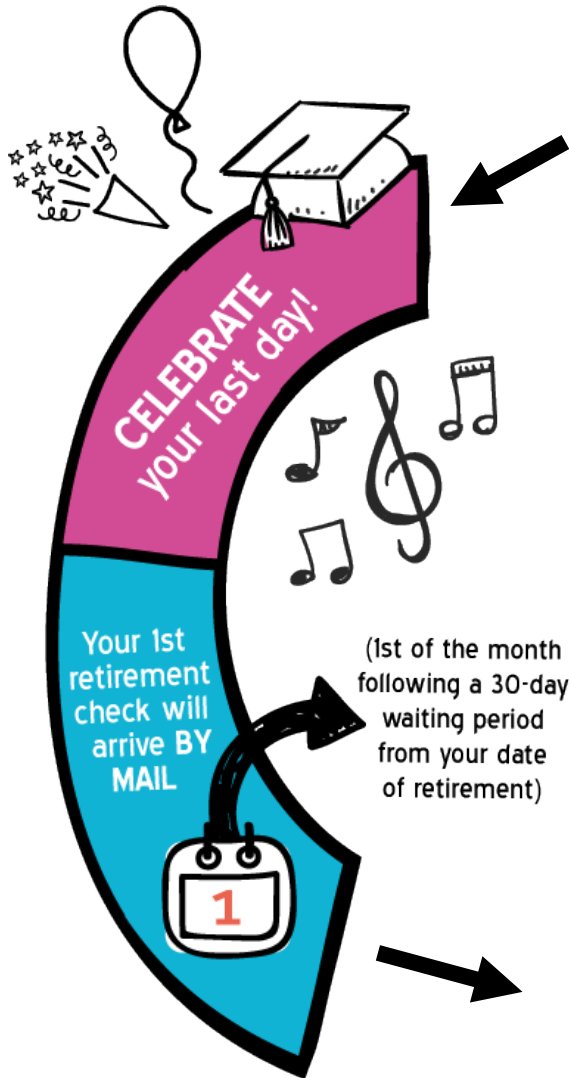
Sworn and subscribed before me, this _____ day of _____, 20_____.

Notary Public ID/Bar Roll #

Notary Public Name, Printed

Notary Public Signature

Step 4: Check the mailbox!



4

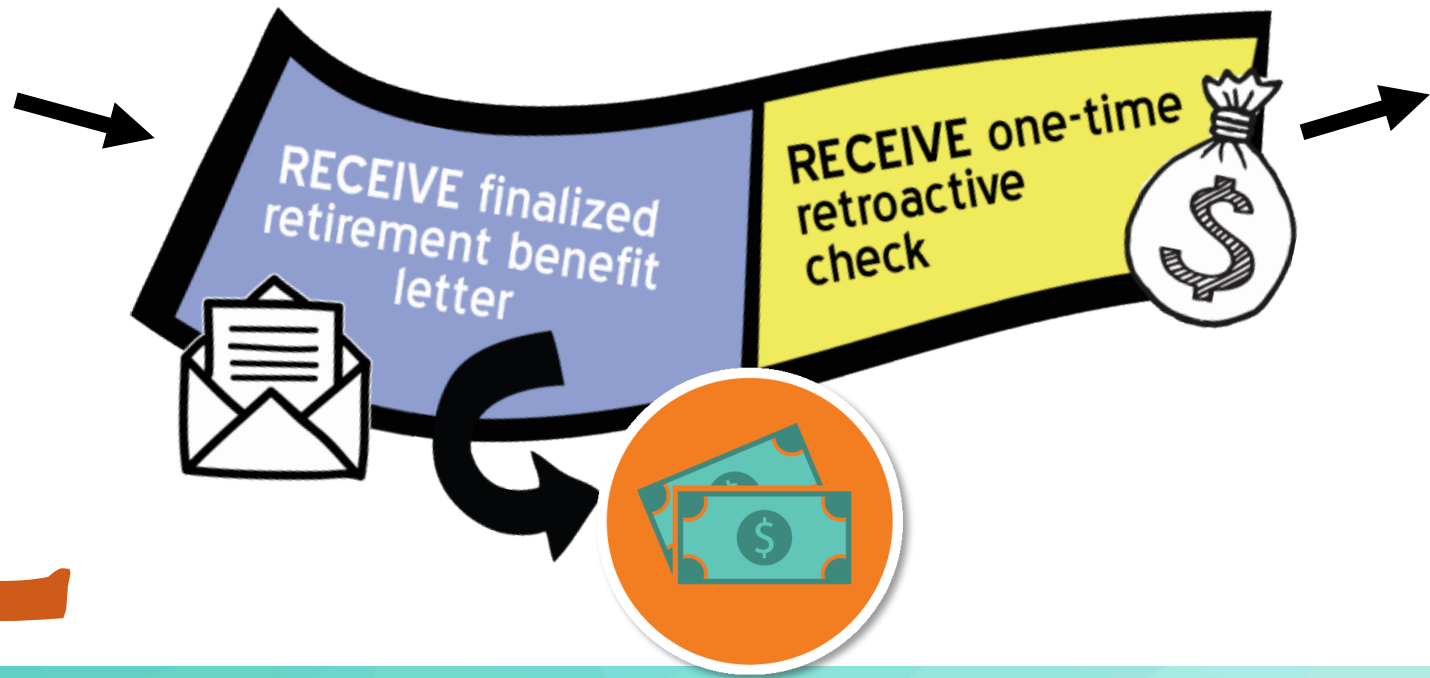
- Your first benefit payment will be a paper check
- Subsequent payments will be direct deposited.
- Your retirement can only be canceled if a benefit payment has not been negotiated (includes direct deposit).

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 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 **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 😊



ENJOY!

(Let us know
if your email or
address changes)

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 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.

Share this: [t](#) [f](#) [in](#)



LINKS

MEMBER NEWSLETTER

TRSL

April 2015

Summer workshops: We're ready! Are you?

We've scheduled our "Planning for Your Retirement" workshops for the summer. And we'll be coming to a city near you.

If you are within five years of retirement or DROP eligibility, then this workshop is perfect for you! We'll discuss the benefits of your TRSL membership, go over the retirement process, and answer all your retirement questions, such as:

- How is my benefit calculated?
- Can I name both of my children as beneficiaries?
- Should I go into DROP?
- What happens to my sick leave?
- Will I get Social Security?

Remember... it's never too early to start your retirement planning. Check out our workshop [schedule](#) and [register](#). We look forward to seeing you there!



HOME ABOUT TRSL INVESTMENTS

Change Text Size: **AAA** [My TRSL](#)


Forms by Subject

Address or name changes

- [Active Member Change of Address Authorization](#) (Form 2AC)
- [Active Member Name Change Request](#) (Form 2NC)
- [Retiree Change of Address Authorization](#) (Form 15C) - *Survivors, beneficiaries, and alternate payees*
- [ORP Member Change of Address Authorization](#) (Form 16AC)
- [ORP Member Name Change Request](#) (Form 16NC)


www.TRSL.org

- [Direct Deposit for Refund of Contributions](#) (Form 7D)
- [Direct Deposit of DROP or ILSB Account Withdrawals](#) (Form 11R) - *Use 15D for regular benefits*
- [Direct Deposit of Benefits](#) (Form 15D) - *Use 11R for DROP or ILSB account withdrawals*
- [Addendum to Direct Deposit of Benefits - Nonspousal Joint Signer\(s\)](#) (Form 15JS)



Teachers' Retirement System of Louisiana

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OUR VISION:
*Retirement Security
in a Changing World*

<>

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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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Follow us on Twitter

