

TRSL Retirement Class of 2026

September 11, 2025



Friendly reminders

- This presentation contains general information to be used as a guide during the webinar. For more information, please visit www.TRSL.org
- All participants are muted.
 - Have a question? Type your question in the *Q&A Box*.
 - We will answer questions during the webinar and at Q&A periods.
- This webinar will be recorded. Our recordings & PDFs are available at www.trsl.org/members/webinars
- Check out our YouTube page *@TRSLOnline*

If you have any specific questions about your retirement,
please contact us at AskTRSL.org
so we can look up your account and assist you directly.

What do you want to learn today?



1. _____

2. _____

3. _____

When will I be eligible to retire?

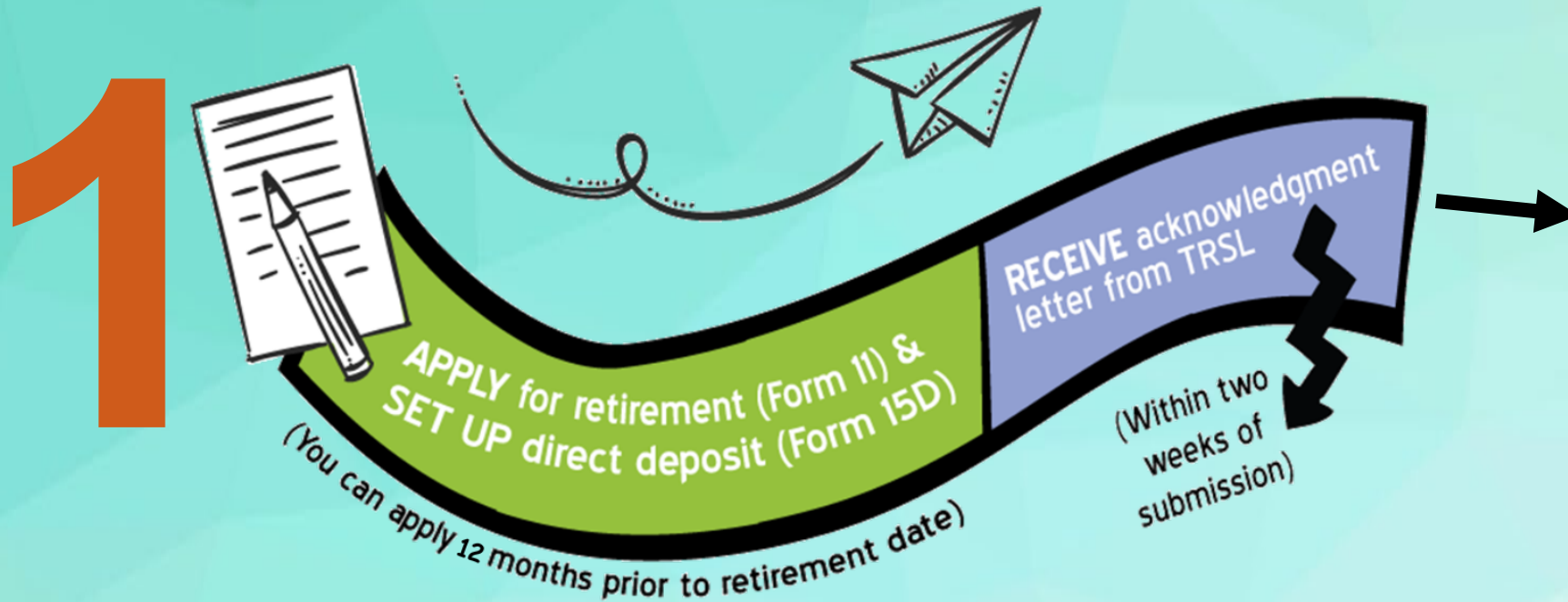
- TRSL members must meet certain age and service credit requirements to retire.
- Eligibility requirements are based upon the plan you are in and when you first became a member of one of Louisiana's four state public retirement systems.



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



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.

Application for Service Retirement, ILSB, or DROP



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

rev. 5/25

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX	TRSL USE ONLY
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-6366	Employer number 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) ALL sections below are required

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

Street address / PO box

Home/cell telephone (include area code) Email address

Work telephone (include area code)

Name of employer Months of contract

1 This section is REQUIRED to process your application.

Check one:

Not married Married

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

Have you ever been divorced? Yes No

Spouse's date of birth (mm/dd/yyyy) - Attach proof of birth date

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.

Street address / PO box

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

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. ➡

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

Your Social Security number _____ rev. 5/25

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

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

Street address / PO box

City, state, zip

Primary Contingent _____ %

Social Security number (###-##-####) - Attach copy of card

Date of birth (mm/dd/yyyy) Relationship

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 hereby certify that all information contained on this application is true and correct as of the date of my signature on this form. 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.)

Form 11

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



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) ALL sections below are required

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

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

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

Street address / PO box

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.

! This section is REQUIRED to process your application.

Check one:

Not married
 Married

Have you ever been divorced?

Yes
 No

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.) _____ Street address / PO box _____ City, state, zip _____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____ %	Social Security number (###-##-####) - <i>Attach copy of card</i> _____ Date of birth (mm/dd/yyyy) Relationship _____
Name: Last, first, MI, suffix (Jr., III, etc.) _____ Street address / PO box _____ City, state, zip _____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____ %	Social Security number (###-##-####) - <i>Attach copy of card</i> _____ Date of birth (mm/dd/yyyy) Relationship _____
Name: Last, first, MI, suffix (Jr., III, etc.) _____ Street address / PO box _____ City, state, zip _____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent _____ %	Social Security number (###-##-####) - <i>Attach copy of card</i> _____ 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 hereby certify that all information contained on this application is true and correct as of the date of my signature on this form. 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. 2/25

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

SAVE TIME! Apply online through Member Access at 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, III, etc.)		Social Security number (##-##-####)	
Street/PO box		City, state, zip	
Daytime telephone (include area code)	Email address		
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)	For TRSL use only

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, 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)

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	
Daytime telephone (<i>include area code</i>)	Email address		
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*)

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, 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)

HOW TO SUBMIT:	DROP OFF or MAIL IN	EMAIL	FAX	Form may not be altered.
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	web.master@trsl.org	(225) 925-4779	

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)

Mailing address

City, state, zip

Email address

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

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 Ch

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, I 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, 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) Date signed (mm/dd/yyyy)

Name of bank official (print or type) Title of bank official Telephone (include area code)

Direct Deposit of Benefits (Form 15D)



Form 15D – Section 1

SECTION 1 — Benefit recipient information

Name: Last, first, MI, suffix (Jr., III, etc.)	<input type="checkbox"/> Check here if address change	Your Social Security number (###-##-####) ← REQUIRED
Daytime telephone (include area code)	Please check one: <input type="checkbox"/> This is a new direct deposit setup or a change to a new bank. (Section 3 required) <input type="checkbox"/> 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): <input type="checkbox"/> Change applies to ALL benefit payments <input type="checkbox"/> Change applies to RETIREE benefit payments only <input type="checkbox"/> 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)
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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.

REQUIRED SIGNATURE ▶▶	Signature of bank official* (DO NOT PRINT OR TYPE)	Date (mm/dd/yyyy)
	Name of bank official (print or type)	Title of bank official

*Bank teller/receptionist signatures are not acceptable.

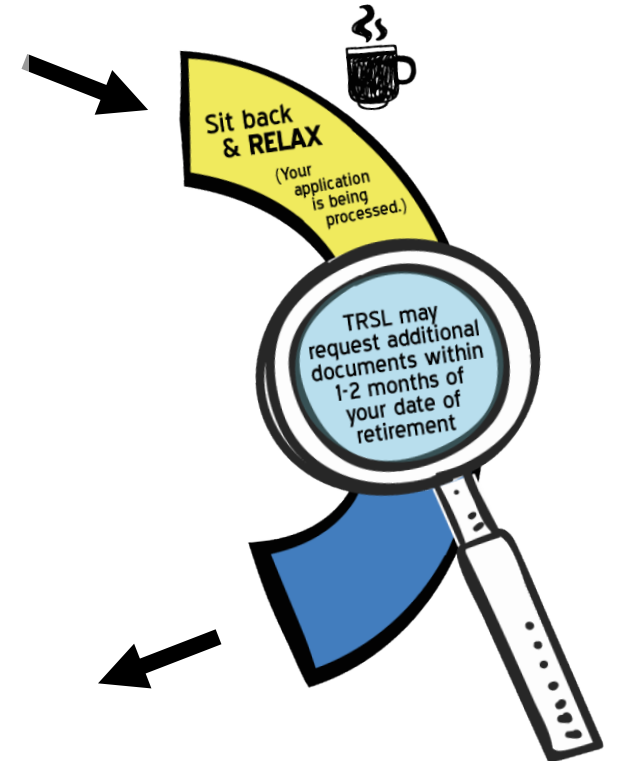
STEP 2: Submit documents

2

- **PHOTOCOPIES Accepted:**
 - Social Security cards
(*member & beneficiary*)
 - Birth certificates
(*member & beneficiary*)

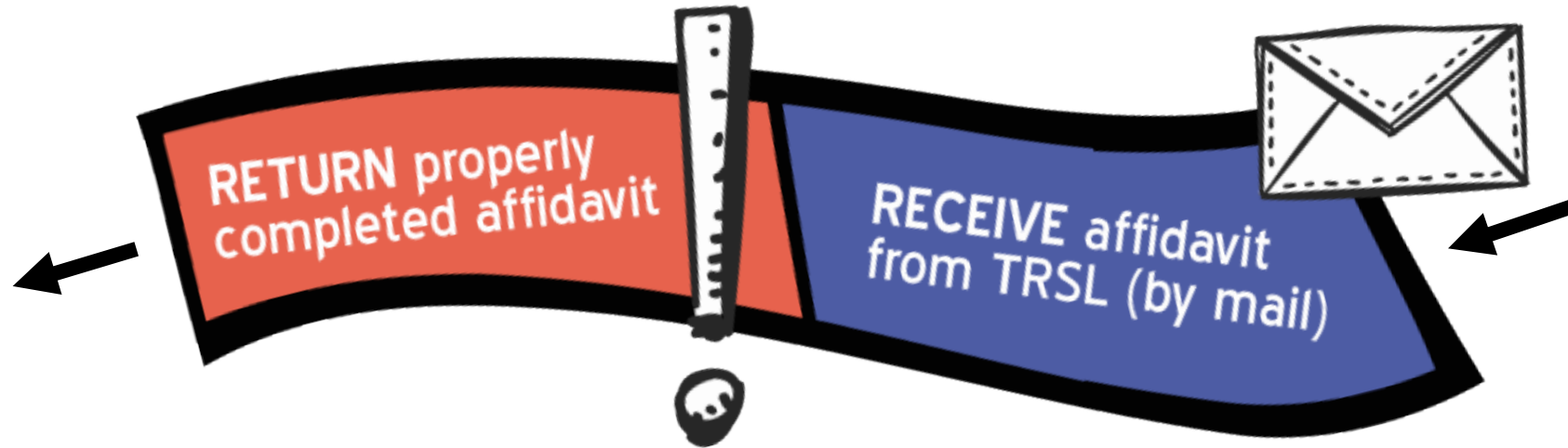
PLEASE NOTE:

If TRSL needs any additional/legal documents, we will be in touch with you during the processing of your retirement application.



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 of Retirement Option Election in the mail, along with instructions.
- On the affidavit, you will select one of eight different retirement options. This decision is irrevocable.

Members retiring after DROP: *You have already submitted your affidavit.*

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.
- Only one lifetime beneficiary can be named and that beneficiary can never be changed.
- Please view/consider your retirement options via a TRSL retirement estimate before you apply for retirement.



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 (upon death of member)
		Monthly benefit (your lifetime benefit)	Monthly benefit (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: <small>(A list of notaries can be found at www.sos.la.gov.)</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.***

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

The estimated affidavit

 **TRSL** Teachers' Retirement System of Louisiana

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 <u>must</u> reject it.	Common reasons affidavits are rejected: <ul style="list-style-type: none">• 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
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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.

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

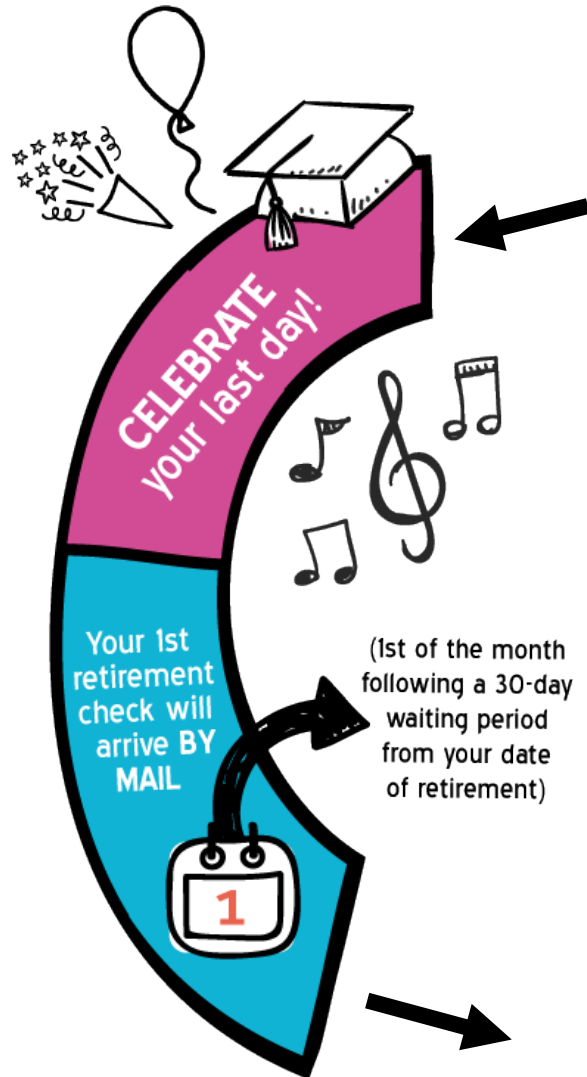
Member signature: If the member is unable to provide a signature, the member must make a mark in the signature line of the retirement option election section in the presence of two witnesses (other than the named beneficiary) who must sign and print their names along with the notary.

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 <u>original</u> 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
--	--

- These instructions are mailed to you, along with your affidavit.
- Mail the notarized original affidavit, without any alterations, back to TRSL.
- A benefit will not be paid until a properly executed affidavit is received by TRSL.

STEP 4: Your first benefit payment



4

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



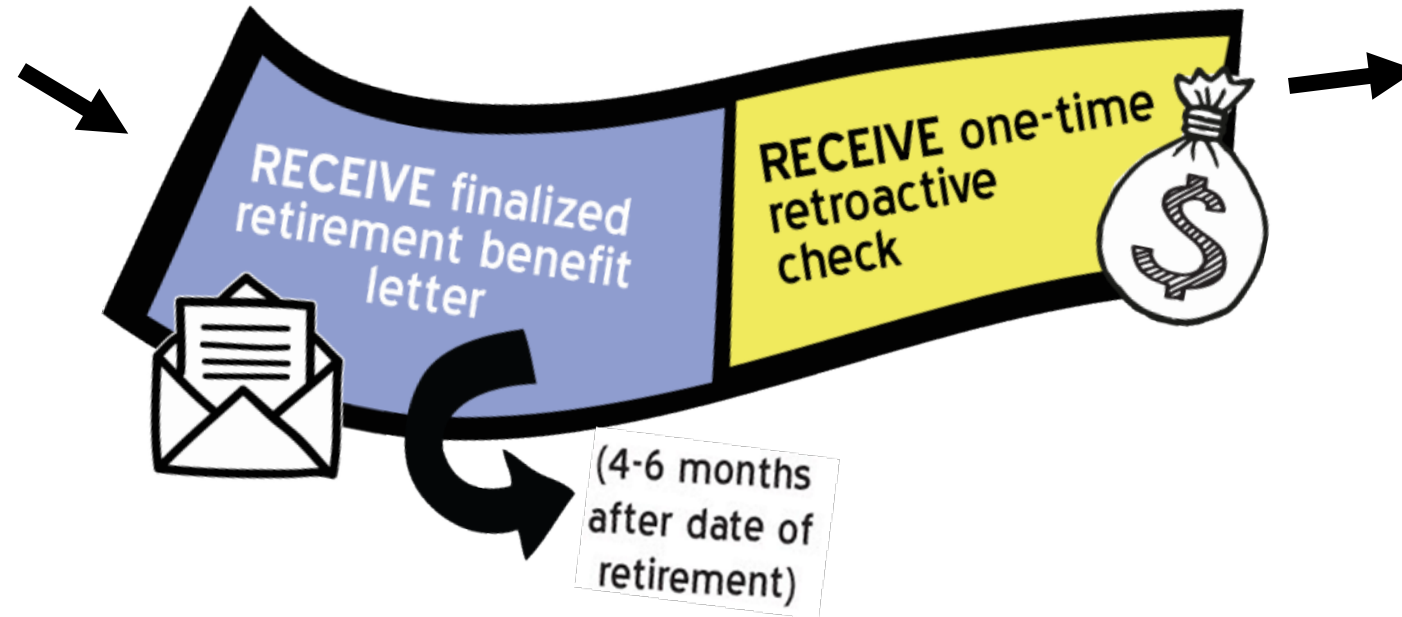
How TRSL pays your benefits

- **Monthly benefits are paid on the first of the month.**
 - » Your retirement/DROP participation can only be canceled if a benefit payment has not been cashed (or directly deposited).
 - » 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 for several months 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 a one-time retroactive payment.

“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!

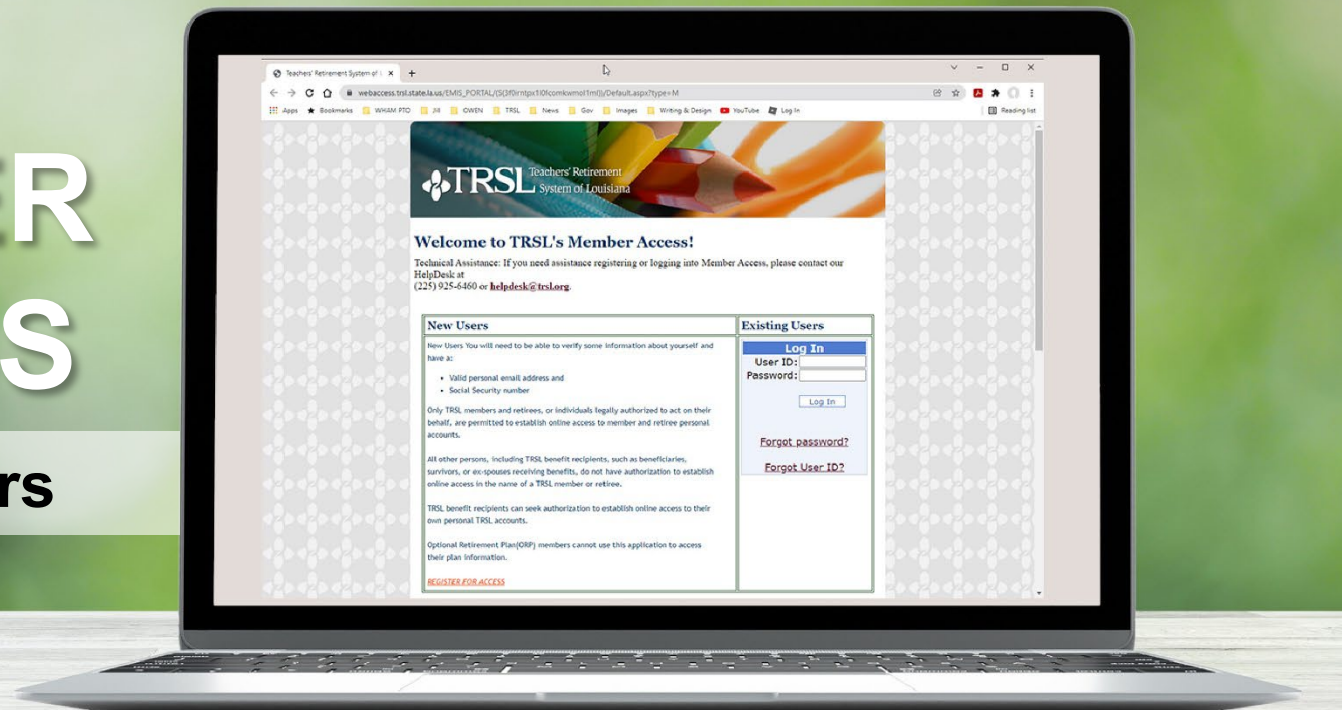
• PHOTOCOPIES Accepted:

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

- TRSL's Member Access
OR
- Submit Form 10

MEMBER ACCESS

Active members



- Calculate future retirement estimates
- Update name & mailing/email address
- Apply for retirement/DROP
- View DROP account
- View beneficiary(ies)
- View annual statements

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

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



SHED SOME LIGHT ON
*Your Future with
Online Member Access*

MEMBER ACCESS



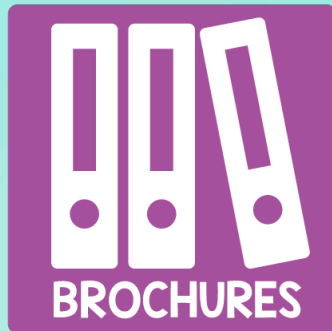
My TRSL

Members

Retirees

Employers

Find it online at www.TRSL.org



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



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