



# Application for Purchase of Refunded Service (Form 9D)

**03-9D**  
rev. 07/21

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

**Print in ink or type all entries except signatures.** Submit application to TRSL at least six months in advance of applying for retirement or DROP. DO NOT use this form if you are now a member of another Louisiana public retirement system. Use form 8BR or 8BT.

Complete this form in its entirety to allow a thorough microfilm search for refunded records to be made. The time frame for which service is to be purchased must be provided so that the employer can certify employment. TRSL will request certification from each employer. Incomplete or improperly certified forms will be returned to the applicant.

### Section 1 — Member information

|   |                            |   |
|---|----------------------------|---|
| Name: Last, first, MI, suffix (Jr, III, etc.) | Date of birth (mm/yy/dddd) | Your Social Security number (###-##-####) |
| Street address / PO box                       | City, state, zip           |   |
| Daytime telephone (include area code)         | Email address              |   |

### Section 2 — Refund information

Name(s) under which service was rendered (if different from above)

|                             |                                      |
|-----------------------------|--------------------------------------|
| Period of time refunded     | Approximate date of refund (mm/yyyy) |
| From (mm/yyyy) To (mm/yyyy) |                                      |

Please indicate the position(s) you previously held during the above-referenced period of employment:

Teacher, professor, instructor   
  Custodian, school bus driver   
  school food service   
  Other:

| Years employed              | Employer | For TRSL use only |
|-----------------------------|----------|-------------------|
| From (mm/yyyy) To (mm/yyyy) |          |                   |
| From (mm/yyyy) To (mm/yyyy) |          |                   |

### Section 3 — Invoice information

Indicate which type of invoice(s) you want to receive. **PLEASE LIMIT TO THREE INVOICES.** If left blank, TRSL will send one invoice for the entire refunded period.

Invoice for purchasing **ALL** refunded service credit

Invoice for purchasing a **PORTION** of the refunded service credit: \_\_\_\_\_ years (approximately)

Invoice for purchasing service credit that will cost approximately \$ \_\_\_\_\_ (**DO NOT** include check with application)

Invoice for purchasing service credit needed to give the approximate number of years checked below at the end of the fiscal year:
   
 5 years   
  10 years   
  20 years   
  25 years   
  30 years

Other:

I hereby authorize the release of all information necessary to verify service to be purchased with the Teachers' Retirement System of Louisiana.

|  |                          |
|--|--------------------------|
| Applicant's signature (DO NOT PRINT OR TYPE) | Date signed (mm/dd/yyyy) |
|  |                          |

**Please allow a minimum of six weeks to receive invoice(s).**