

INSTRUCTIONS

**All sections of the form should be completed at the financial institution chosen for direct deposit.**

**Print in ink or type all entries except signatures.** This form should not be altered in any way.

For the direct deposit of regular benefits, use *Direct Deposit of Benefits* (Form 15D) at [www.TRSL.org](http://www.TRSL.org).

## SECTION 1 — Benefit recipient information

This section should be completed and signed by the person who receives the benefit. If your mailing address has changed, notify TRSL by putting the new address in this section and checking the box, "Check here if address change."

If this is a new direct deposit set-up, a change to a new bank, or a change of your account number with the same bank, check the applicable box. *NOTE: Bank officials are not required to sign Section 3 if the form is being submitted to report a change of your account number with the same bank.*

## SECTION 2 — Joint signer information

Not required if spouse is the joint signer. Other joint signers must be listed. For more than one joint signer, complete *Addendum to Direct Deposit of Benefits—Nonspousal Joint Signer(s)* (Form 15JS) identifying each joint signer.

## SECTION 3 — Financial institution agreement

**This section should be completed by bank officials. Bank officials must verify all bank account information for accuracy. They must also sign and date the agreement. (Bank teller/receptionist signatures are not acceptable.)**

### *When are benefits posted?*

- » With direct deposit, benefit payments are made available for deposit into your checking or savings account on the 15th day of the month. If the 15th falls on a weekend or holiday (non-banking days for the Federal Reserve Bank), the direct deposit will be made available for your financial institution to post to your account on the next business day. Please contact your financial institution to find out when they will make your funds available to you.

Direct deposit forms received by the last day of the previous month will be processed for the current month.

**EXAMPLE:** A DROP or ILSB withdrawal for the month of May would be sent electronically if the request was received by April 30.

TRSL cannot guarantee that direct deposit requests received on or after the first of the month can be processed for the current month. However, you should check with your bank on the 15th and not assume that the request could not be processed on time.

### *How do I get my benefit payment stubs?*

- » TRSL mails direct deposit payment stubs at the establishment of direct deposit, each December, and when the net benefit changes. If you have any questions about direct deposit of DROP or ILSB withdrawals, contact TRSL at 225-925-6446 or toll free at 1-877-275-8775.
- » You can also view your monthly pay stubs online through **myTRSL** at [www.TRSL.org](http://www.TRSL.org).



# Direct Deposit of DROP or ILSB Account Withdrawals (Form 11R)

05-11R

rev. 07/26

| HOW TO SUBMIT: | DROP OFF or MAIL IN                                     | UPLOAD                                                               | EMAIL                                                        | FAX            | FORM CANNOT BE ALTERED |
|----------------|---------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|----------------|------------------------|
|                | 8401 United Plaza Blvd, Ste 300<br>Baton Rouge LA 70809 | Scan and upload at<br><a href="http://www.TRSL.org">www.TRSL.org</a> | <a href="mailto:web.master@trsl.org">web.master@trsl.org</a> | (225) 925-4779 |                        |

Direct deposit payment stubs are mailed when one of the following occurs: **1)** when direct deposit is set up, **2)** when there's a change in net pay, or **3)** at the end of the calendar year. You can view and print your pay stubs anytime through TRSL's secure **myTRSL**. Register or log in at [www.TRSL.org](http://www.TRSL.org).

## SECTION 1 — Benefit recipient information

|                                                |                                                       |                                                                                                                                                                                                                                                                  |
|------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: Last, first, MI, suffix (Jr., III, etc.) | Check here if address change <input type="checkbox"/> | Social Security number (###-##-####) <b>← REQUIRED</b>                                                                                                                                                                                                           |
| Home telephone (include area code)             | Cell telephone (include area code)                    | Please check one:<br><br><input type="checkbox"/> This is a new direct deposit set-up or a change to a new bank<br><br><input type="checkbox"/> This is a change of my account number with my same bank. (Section 3 - Financial officer signature not required.) |
| Mailing address                                | City, state, zip                                      |                                                                                                                                                                                                                                                                  |
| Email address                                  |                                                       |                                                                                                                                                                                                                                                                  |

I request and authorize the Teachers' Retirement System of Louisiana (TRSL) to direct the net amount of my Deferred Retirement Option Plan (DROP) or Initial Lump-Sum Benefit (ILSB) withdrawals to my account at the financial institution designated below. This authorization revokes all prior deposit instructions applicable to these payments and will remain in effect until canceled by written notice from me to TRSL. This is not an assignment of my rights to receive payment. I authorize TRSL, in the event of my death, to retrieve by electronic funds transfer (EFT) debit transactions any payments sent, but not due. I further authorize the financial institution designated below to release to TRSL, upon request, any and all information regarding my bank account designated below.

|                             |                                              |                          |
|-----------------------------|----------------------------------------------|--------------------------|
| <b>REQUIRED SIGNATURE</b> ▶ | Recipient's signature (DO NOT PRINT OR TYPE) | Date signed (mm/dd/yyyy) |
|-----------------------------|----------------------------------------------|--------------------------|

## SECTION 2 — Information about joint signer (if applicable)

|                                                |                                      |
|------------------------------------------------|--------------------------------------|
| Name: Last, first, MI, suffix (Jr., III, etc.) | Social Security number (###-##-####) |
| Relationship to recipient                      | Telephone (include area code)        |
| Street address                                 | City, state, zip                     |

NOTE: For additional joint signers, complete Addendum to Direct Deposit of Benefits—Nonspousal Joint Signer(s) (Form 15JS).

## SECTION 3 Financial institution agreement

### Account information

|                               |                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of financial institution | ACH routing number                                                                                                                                                                                                                                                                                                                              |
| Address: Street/PO box        | <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"/>                                                                                                          |
| City, state, zip              | Bank account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                                                                                                                                                                                                                                          |
|                               | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

In consideration of electronic payments made by the Teachers' Retirement System of Louisiana (TRSL) in accordance with the above request, we hereby agree to repay, at the time of demand, the amount of any funds on deposit in the recipient's account that are due to TRSL as a result of the recipient's death, subject to disposition required by law and banking guidelines. We further agree to accept as sufficient evidence TRSL's certification of the payee's date of death. In the event that we learn of the payee's death before TRSL, we agree to notify TRSL of the death and return any payments received after the death to the extent that funds are available.

|                             |                                                       |                                           |                   |
|-----------------------------|-------------------------------------------------------|-------------------------------------------|-------------------|
| <b>REQUIRED SIGNATURE</b> ▶ | Signature of financial officer (DO NOT PRINT OR TYPE) | Name of financial officer (Print or type) | Date (mm/dd/yyyy) |
|                             | Title of financial officer (Print or type)            | Telephone (include area code)             | Toll free number  |

\*Bank teller/receptionist signatures are not acceptable.