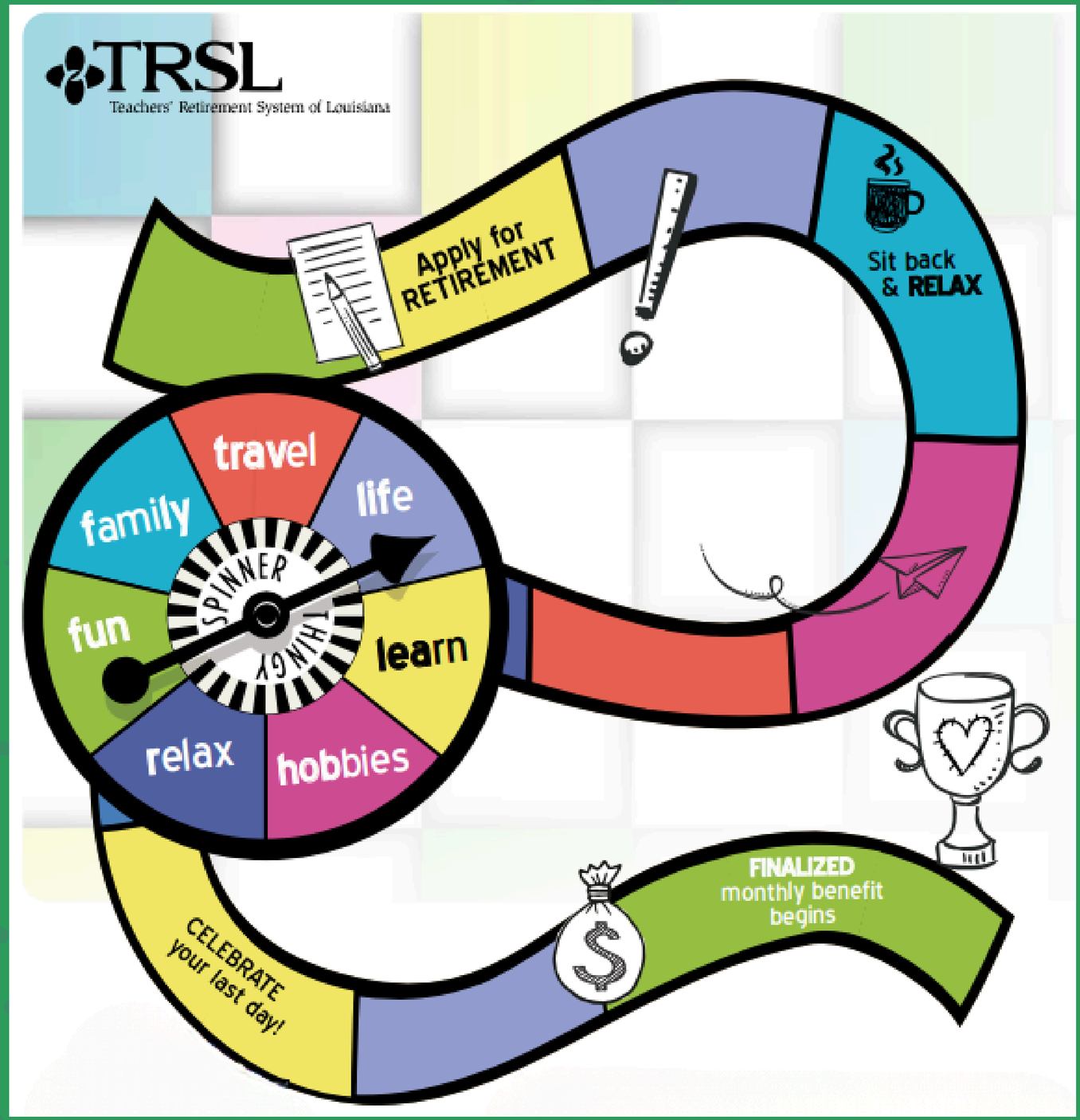
TRSL

One Year Out:

Ready to Retire



FRIENDLY REMINDERS

- This presentation contains general TRSL information.
- Have a question? Type your question in the Questions box.
- Any specific questions about your retirement, please contact us at ***AskTRSL.org***.
- Our webinars, PDFs, and brochures are available at ***www.TRSL.org***.

TRSL

WHAT DO YOU WANT TO LEARN TODAY?

1. _____

2. _____

3. _____

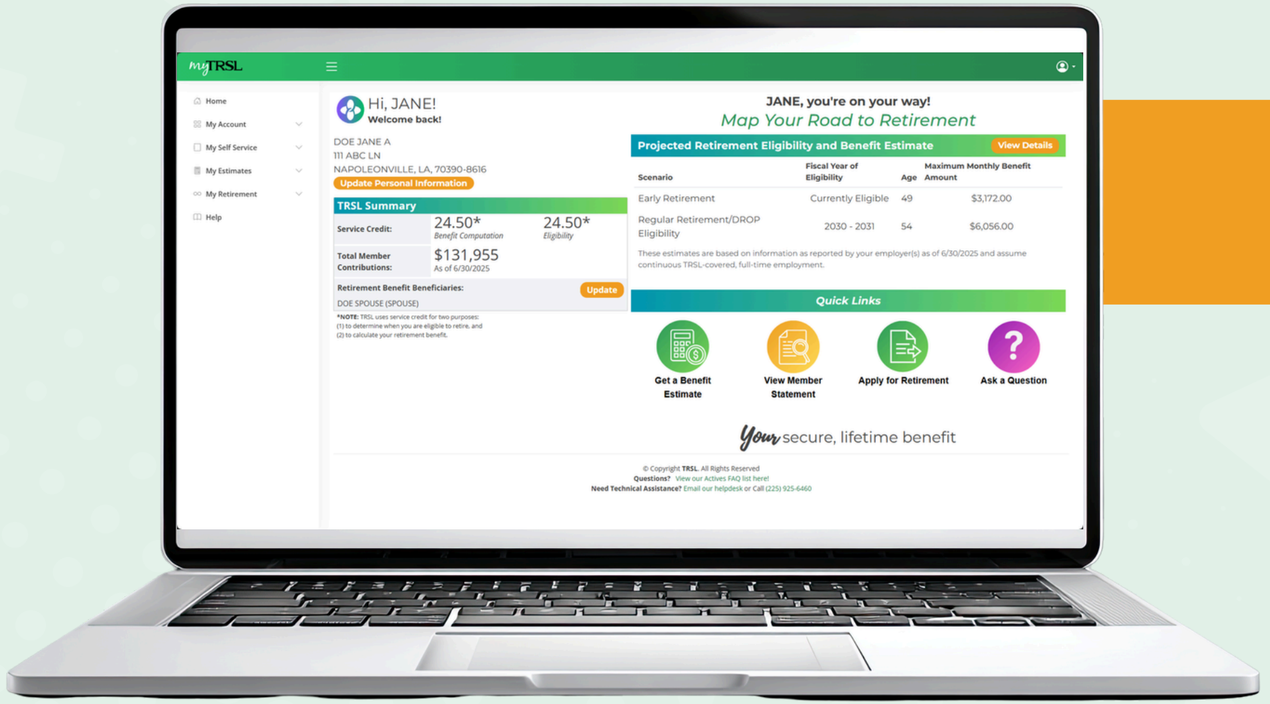
WHEN CAN I RETIRE?

- 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 login to myTRSL.org to view your retirement/DROP eligibility.

TRSL

Member Portal

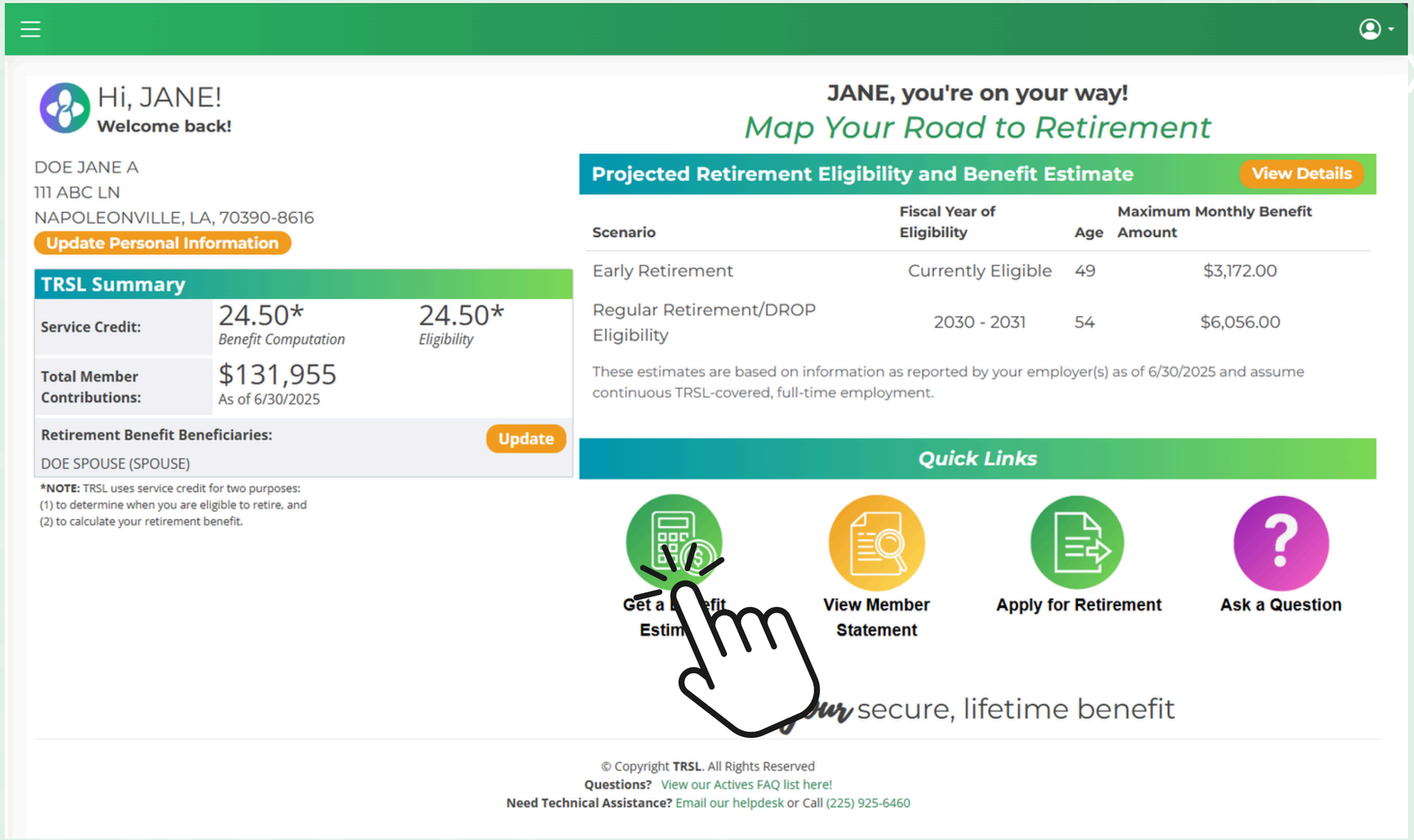


myTRSL.ORG

- View DROP account
- Update beneficiary (active members)
- View annual statements
- Calculate retirement estimates
- Update personal information
- Apply for retirement/DROP
- Upload forms

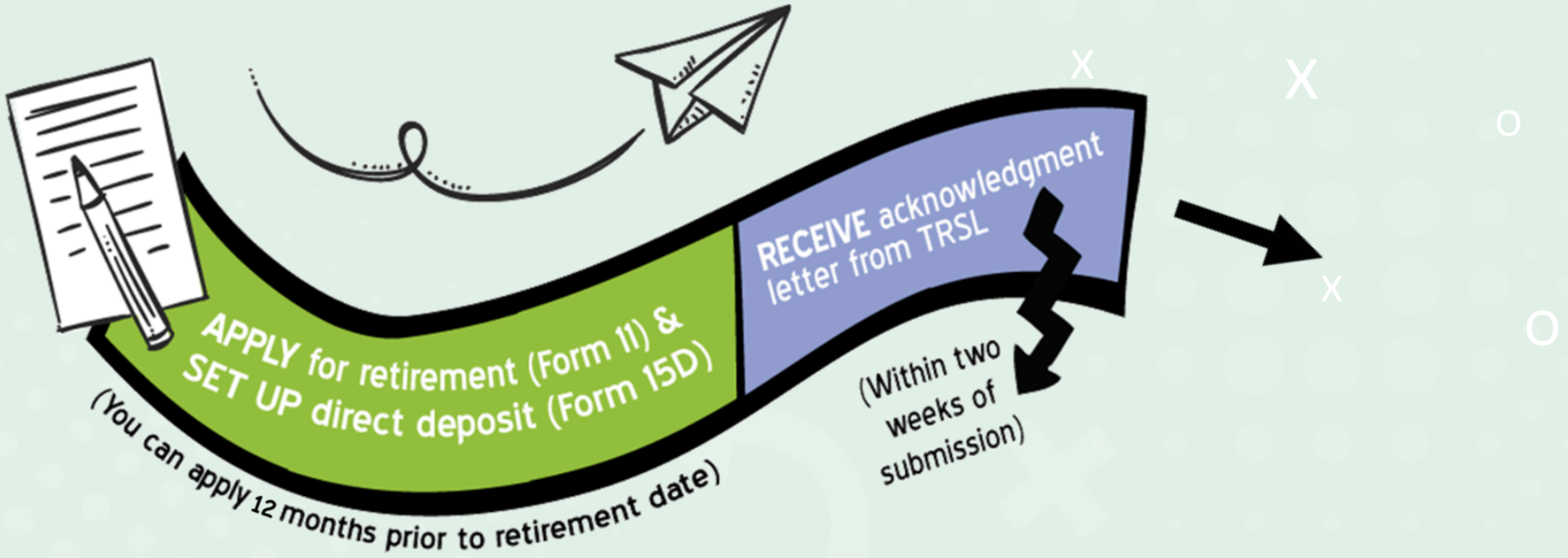
TRSL

MYTRSL: MY ESTIMATE



TRSL

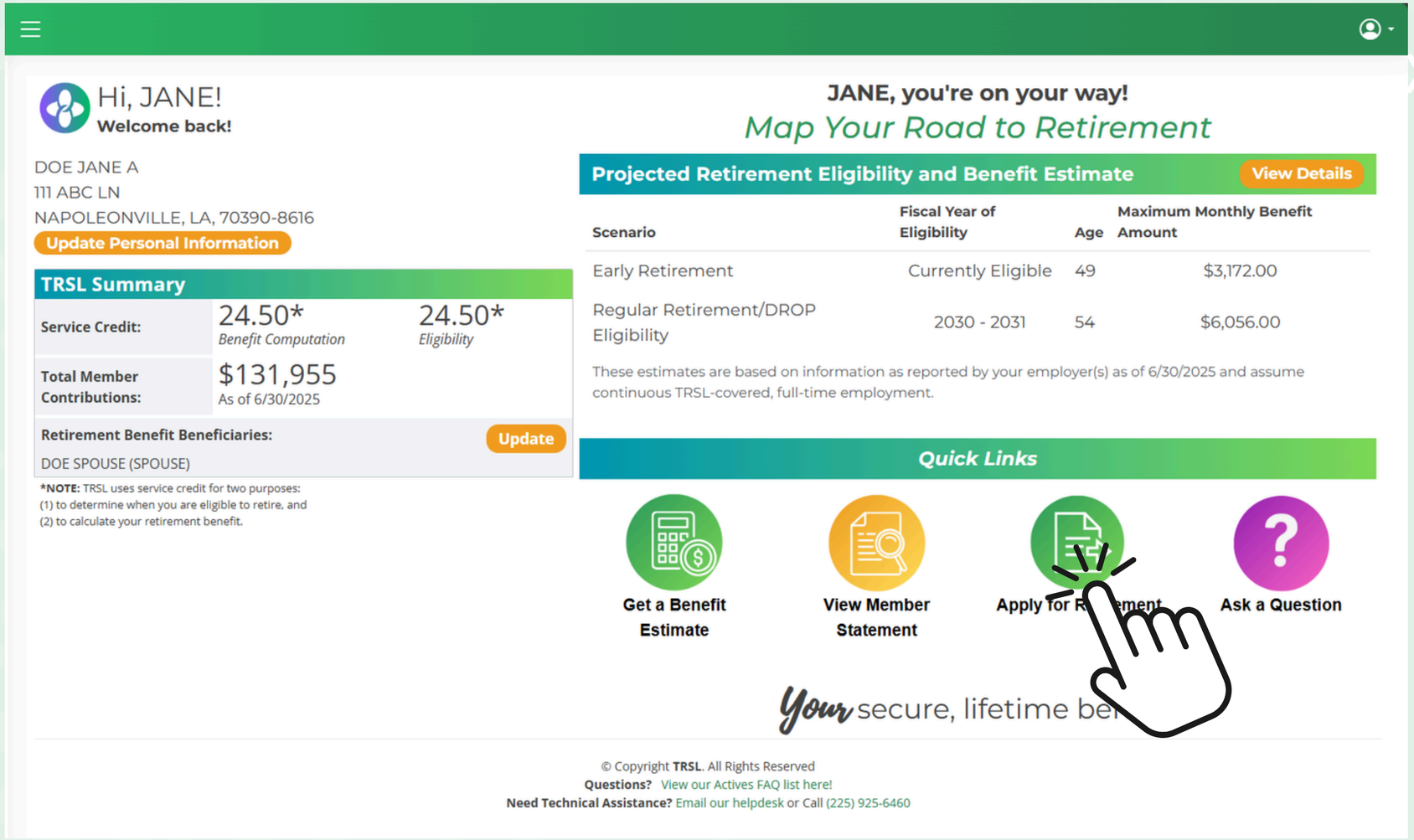
STEP 1: SUBMIT FORMS TO TRSL



- Ensure your service credit is accurate (complete purchases/transfers).
- Coordinate your retirement/DROP beginning date with your employer.
- Your employer will verify your service credit and sick leave.

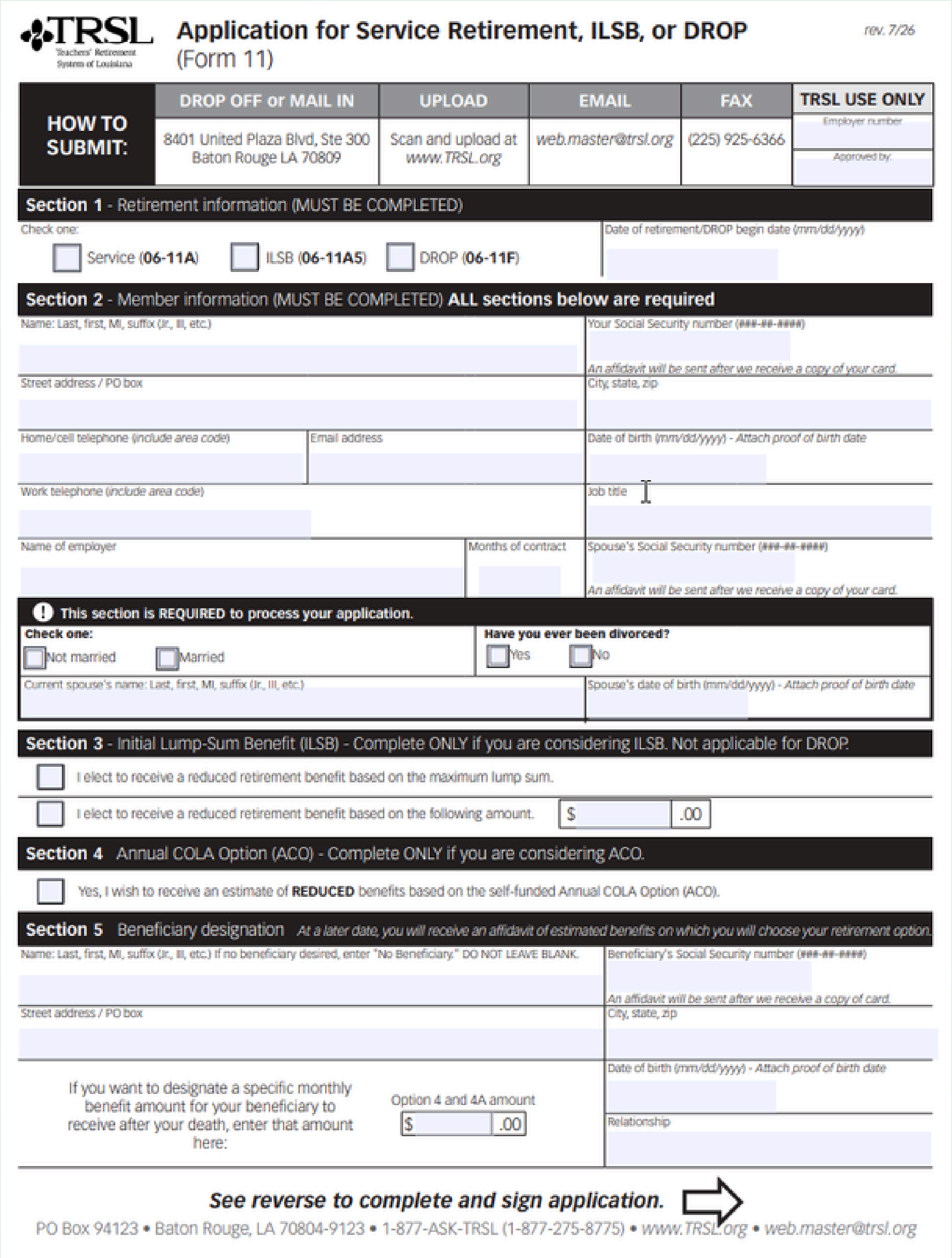
TRSL

APPLY THROUGH MYTRSL



TRSL

FORM 11: SERVICE RETIREMENT, ILSB, OR DROP



TRSL Teachers' Retirement System of Louisiana

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

rev. 7/26

HOW TO SUBMIT:	DROP OFF or MAIL IN	UPLOAD	EMAIL	FAX	TRSL USE ONLY
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	Scan and upload at www.TRSL.org	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.)
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*

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.

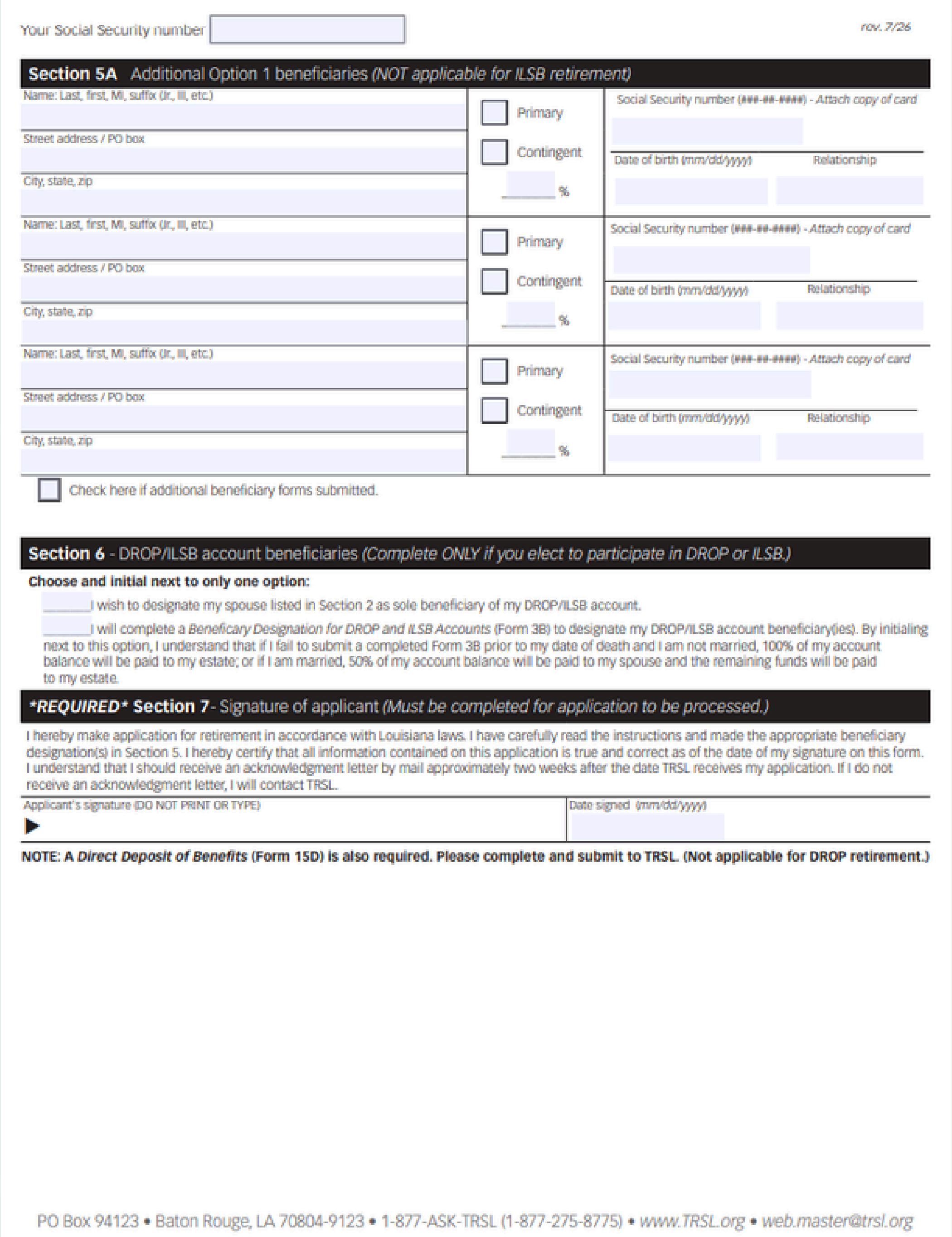
☐ Yes, I wish to receive an estimate of **REDUCED** benefits based on the self-funded Annual COLA Option (ACO).

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 (###-##-####)
An affidavit will be sent after we receive a copy of card.
Street address / PO box
City, state, zip
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
Relationship

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. 7/26

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

Name: Last, first, MI, suffix (Jr., III, etc.) ☐ Primary ☐ Contingent %
Social Security number (###-##-####) - *Attach copy of card*
Street address / PO box
City, state, zip
Date of birth (mm/dd/yyyy) Relationship

Name: Last, first, MI, suffix (Jr., III, etc.) ☐ Primary ☐ Contingent %
Social Security number (###-##-####) - *Attach copy of card*
Street address / PO box
City, state, zip
Date of birth (mm/dd/yyyy) Relationship

Name: Last, first, MI, suffix (Jr., III, etc.) ☐ Primary ☐ Contingent %
Social Security number (###-##-####) - *Attach copy of card*
Street address / PO box
City, state, zip
Date of birth (mm/dd/yyyy) Relationship

☐ Check here if additional beneficiary forms submitted.

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 *Beneficary 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.)

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

TRSL

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*

TRSL

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 (###-##-####) *An affidavit will be sent after we receive a copy of card.*
Street address / PO 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	Date of birth (*mm/dd/yyyy*) - *Attach proof of birth date* Relationship

TRSL

FORM 11: SECTION 5A

Your Social Security number

rev. 7/26

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
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
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

☐ Check here if additional beneficiary forms submitted.

TRSL

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 *Beneficary 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.)*

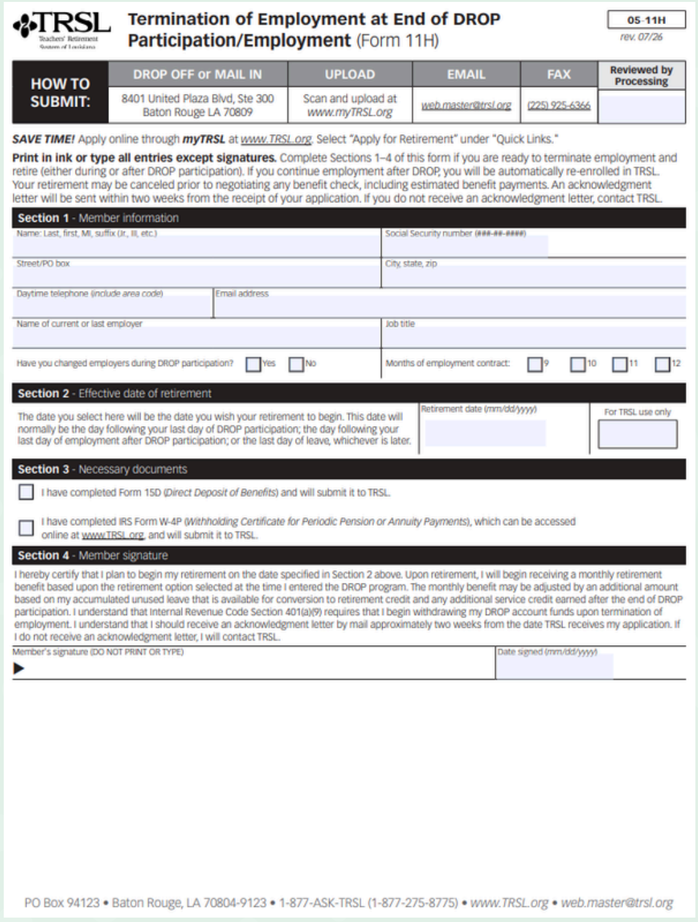
I hereby make application for retirement in accordance with Louisiana laws. I have carefully read the instructions and made the appropriate beneficiary designation(s) in Section 5. I hereby certify that all information contained on this application is true and correct as of the date of my signature on 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.)

TRSL

FORM 11H: AFTER DROP RETIREMENT



TRSL Teachers' Retirement System of Louisiana

Termination of Employment at End of DROP Participation/Employment (Form 11H)

05-11H
rev. 07/26

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

SAVE TIME! Apply online through ***myTRSL*** at www.TRSL.org. Select "Apply for Retirement" under "Quick Links."

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? ☐ Yes ☐ No | Months of employment 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 (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)

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

TRSL

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 (*include area code*) / Email address	
Name of current or last employer	Job title
Have you changed employers during DROP participation? ☐ Yes ☐ No	Months of employment 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 (*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.

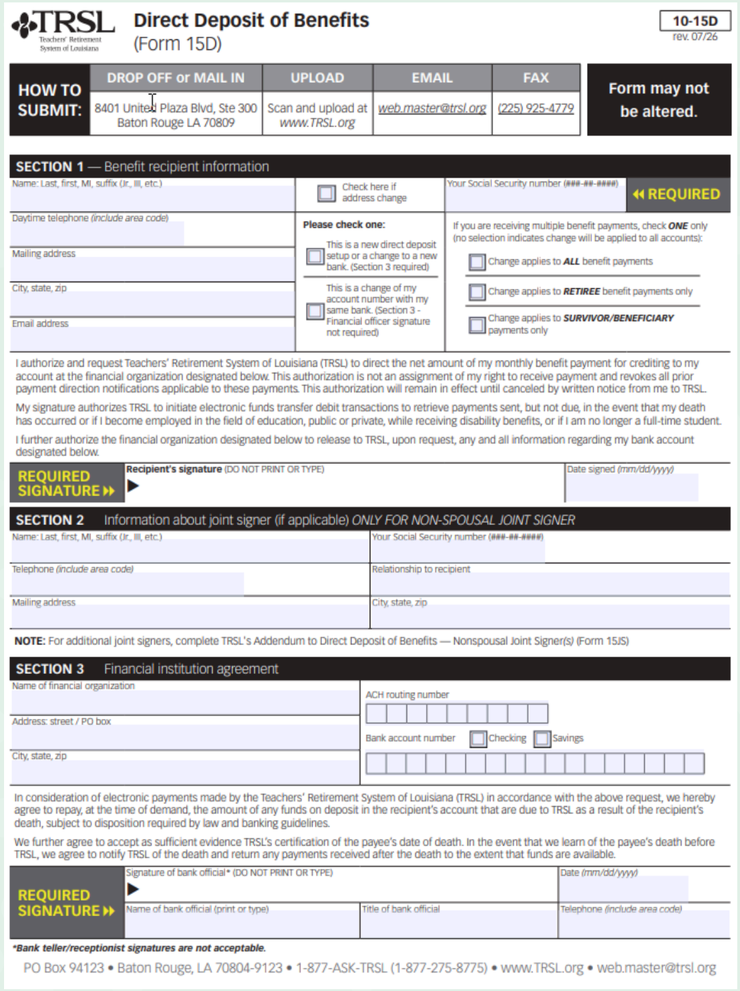
☐ I have completed IRS Form W-4P (*Withholding Certificate for Periodic Pension or Annuity Payments*), which can be accessed online at www.TRSL.org, and will submit it to TRSL.

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*)
▶	

FORM 15D: DIRECT DEPOSIT OF RETIREMENT BENEFITS



TRSL Teachers' Retirement System of Louisiana

Direct Deposit of Benefits
(Form 15D)

10-15D
rev. 07/26

HOW TO SUBMIT:	DROP OFF or MAIL IN	UPLOAD	EMAIL	FAX
	8401 United Plaza Blvd, Ste 300 Baton Rouge LA 70809	Scan and upload at *www.TRSL.org*	*web.master@trsl.org*	(225) 925-4779

Form may not be altered.

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 Joint Signer*(s)* (Form 15JS)

SECTION 3 Financial institution agreement

Name of financial organization

ACH routing number

Address: street / PO box

Bank account number ☐ Checking ☐ Savings

City, state, zip

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

Telephone *(include area code)*

Bank teller/receptionist signatures are not acceptable.

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

TRSL

FORM 15D: SECTION 1

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)*	**Please check one:**	If you are receiving multiple benefit payments, check ***ONE*** only (no selection indicates change will be applied to all accounts):	
Mailing address	☐ This is a new direct deposit setup or a change to a new bank. (Section 3 required)	☐ Change applies to ***ALL*** benefit payments	
City, state, zip	☐ This is a change of my account number with my same bank. (Section 3 - Financial officer signature not required)	☐ Change applies to ***RETIREE*** benefit payments only	
Email address		☐ 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)*

TRSL

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	Bank account number ☐ Checking ☐ Savings
City, state, zip	

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.

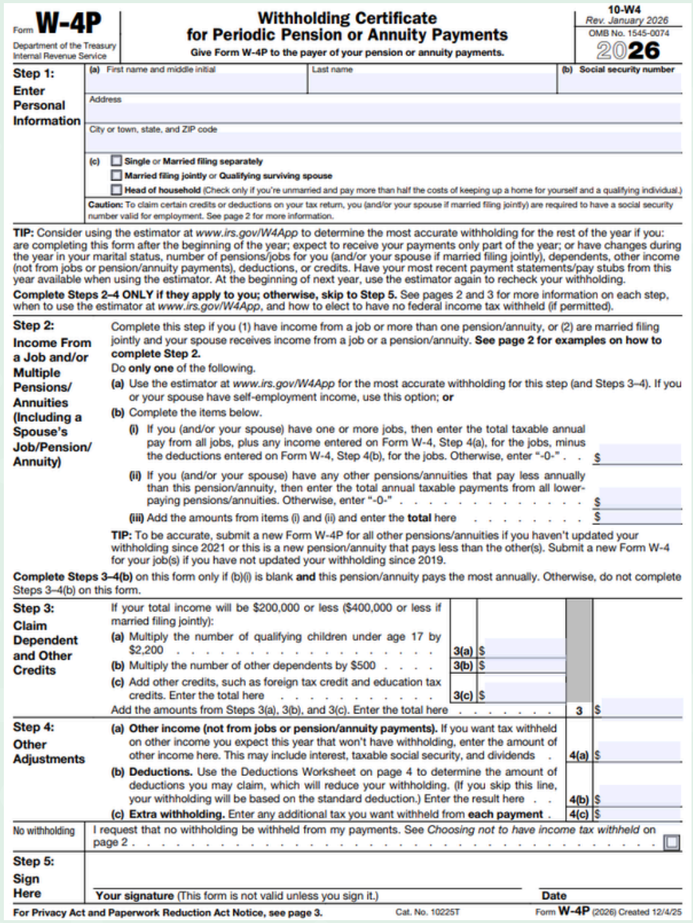
REQUIRED SIGNATURE ▸▸	Signature of bank official* (DO NOT PRINT OR TYPE) ▶		Date *(mm/dd/yyyy)*
	Name of bank official (print or type)	Title of bank official	Telephone *(include area code)*

Bank teller/receptionist signatures are not acceptable.

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

TRSL

FORM 10-W4: WITHHOLDING CERTIFICATE FOR PENSION



Form **W-4P**
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments
Give Form W-4P to the payer of your pension or annuity payments.

10-W4
Rev. January 2026
OMB No. 1545-0074
2026

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | (b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at *www.irs.gov/W4App*, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . . . $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . $

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . 3(a) $

(b) Multiply the number of other dependents by $500 . . . . 3(b) $

(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here . . . . . 3(c) $

Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here . . . . . 3 $

Step 4: Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . 4(a) $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . 4(c) $

No withholding | I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2 . . . . . ☐

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10225T Form **W-4P** (2026) Created 12/4/25

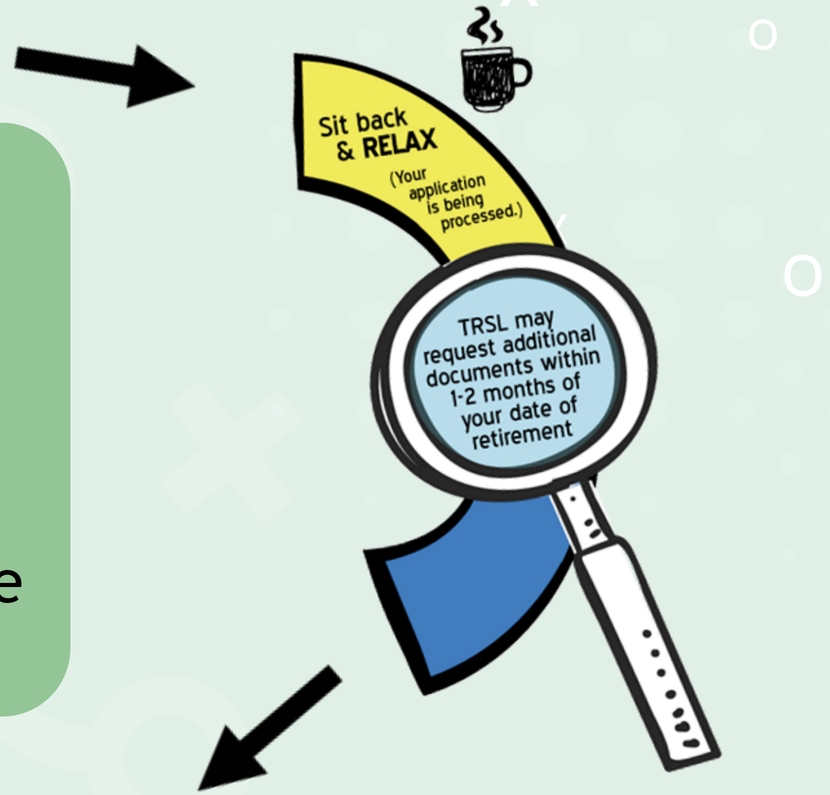
TRSL

STEP 2: SUBMIT DOCS TO TRSL

Upload copies of the following in *myTRSL*:

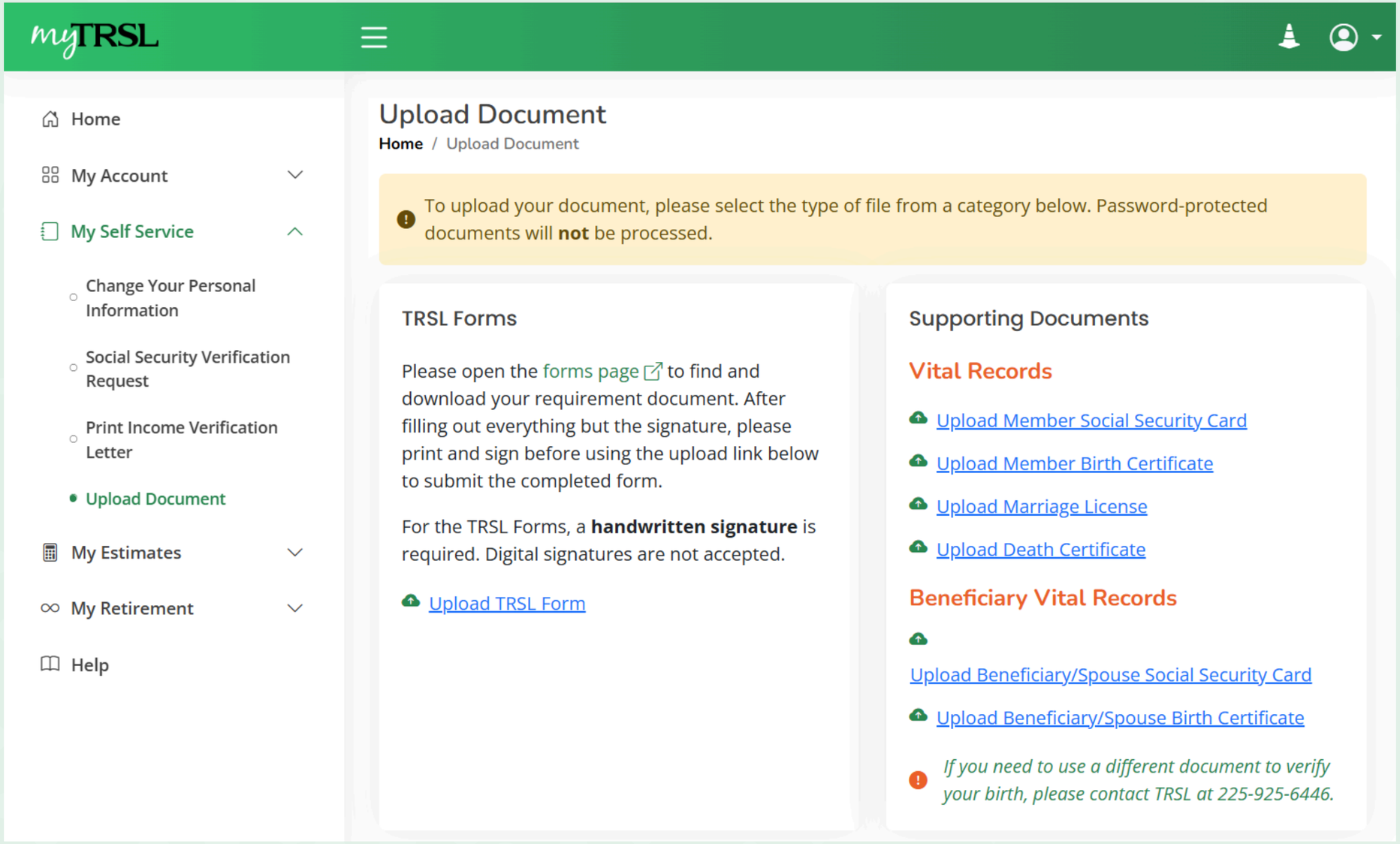
- Social Security cards (member & beneficiary)
- Birth certificates (member & beneficiary)

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



TRSL

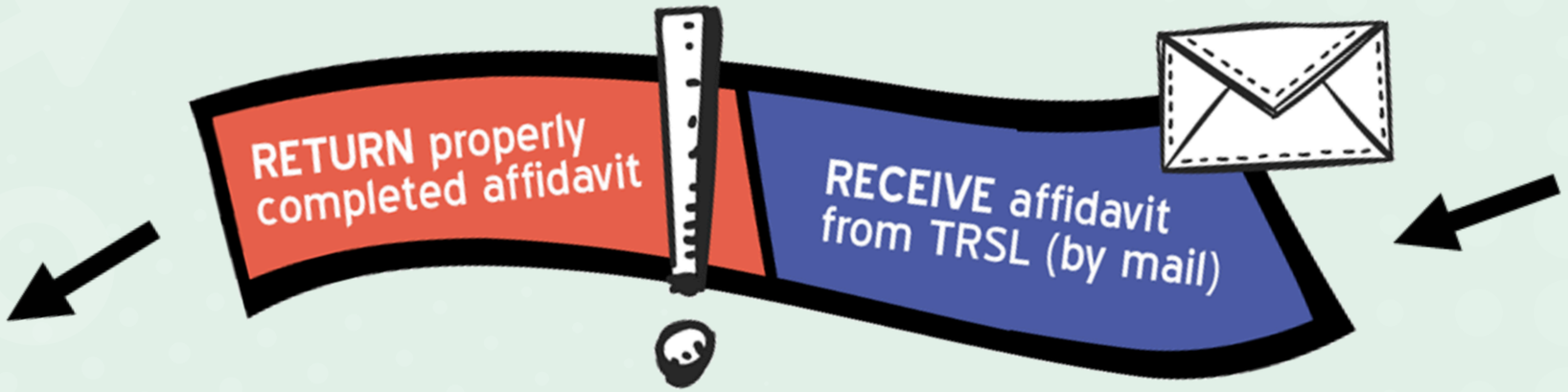
MYTRSL - UPLOAD DOCS



Only documents saved as PDF, JPEG, or PNG files will be accepted.

TRSL

STEP 3: MAIL AFFIDAVIT TO TRSL



- 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.
- DROP Members - You have already submitted your affidavit.

TRSL

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: Monthly benefit (your lifetime benefit)	Estimated Member Benefit: Monthly benefit (your lifetime benefit upon the death of your named beneficiary)	Estimated Beneficiary Benefit (upon death of member)
Make selection here. (Do not initial more than one box.)	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: *(A list of notaries can be found at www.sos.la.gov.)*	Sworn and subscribed before me, this _____day of _____, 20_____.
	Notary ID/Bar Roll #: / *Notary Name (print):*
	Notary Signature: ▶

TRSL

THE ESTIMATED AFFIDAVIT

STOP!

Read this carefully <u>before</u> 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, **<u>ONLY IF</u>**

- you choose Maximum, Option 1, Option 3A, Option 4, or Option 4A; **<u>OR</u>**
- you choose a beneficiary other than your spouse.

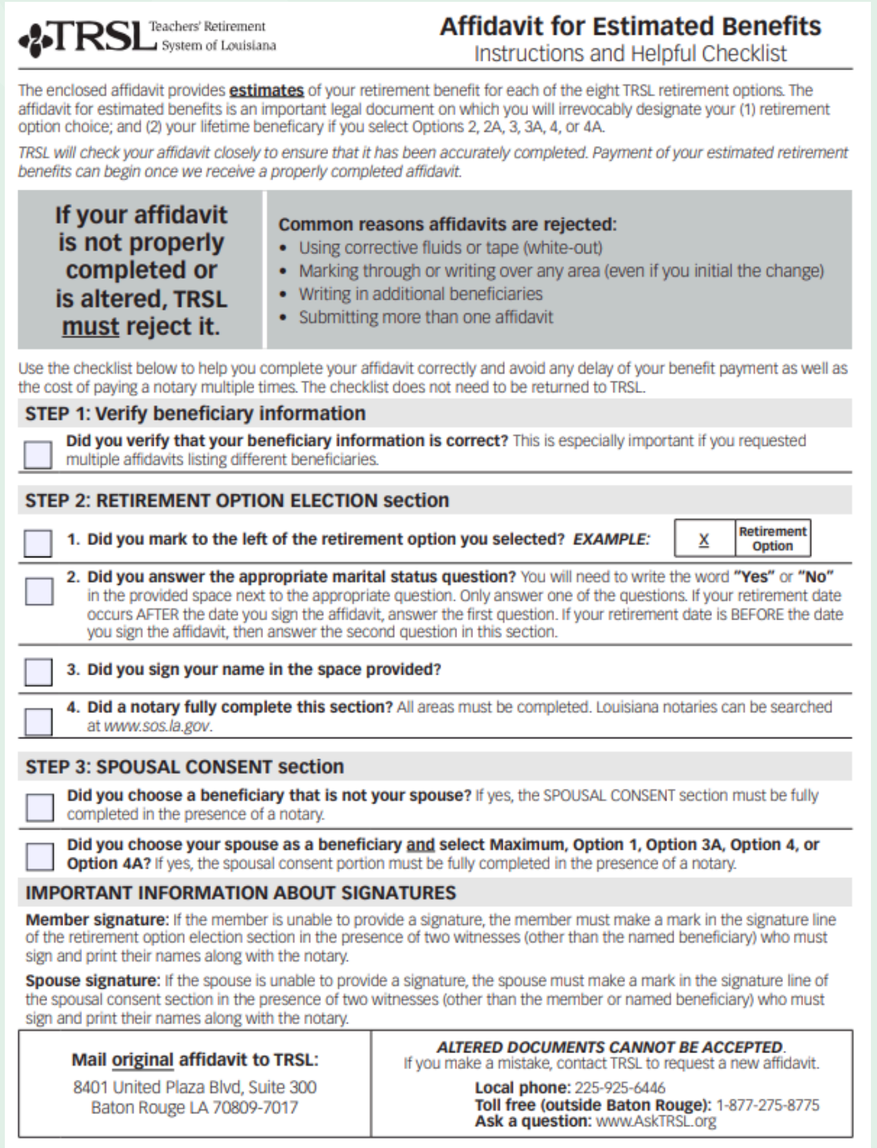
IMPORTANT: *Affidavits are invalid if your spouse is listed as the beneficiary and the spousal consent is unnecessarily completed for Option 2, 2A, or 3.*

SPOUSAL CONSENT: A member cannot choose to receive a TRSL benefit under Maximum, Option 1, Option 3A, Option 4, or Option 4A <u>unless</u> 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: *(A list of notaries can be found at www.sos.la.gov.)*	Sworn and subscribed before me, this _____ day of _____, 20_____.		
	Notary ID/Bar Roll #:	*Notary Name (print):*	
	Notary Signature: ▶		

TRSL

AFFIDAVIT INSTRUCTIONS



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 beneficary 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 must reject it.

Common reasons affidavits are rejected:
- Using corrective fluids or tape (white-out)
- Marking through or writing over any area (even if you initial the change)
- Writing in additional beneficiaries
- Submitting more than one affidavit

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 mark to the left of the retirement option you selected?** ***EXAMPLE:*** | X | Retirement Option |

☐ 2. **Did you answer the appropriate marital status question?** You will need to write the word **"Yes"** or **"No"** in the provided space next to the appropriate question. Only answer one of the questions. If your retirement date occurs AFTER the date you sign the affidavit, answer the first question. If your retirement date is BEFORE the date you sign the affidavit, then answer the second question in this section.

☐ 3. **Did you sign your name in the space provided?**

☐ 4. **Did a notary fully complete this section?** All areas must be completed. Louisiana notaries can be searched 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 original affidavit to TRSL:
8401 United Plaza Blvd, Suite 300
Baton Rouge LA 70809-7017

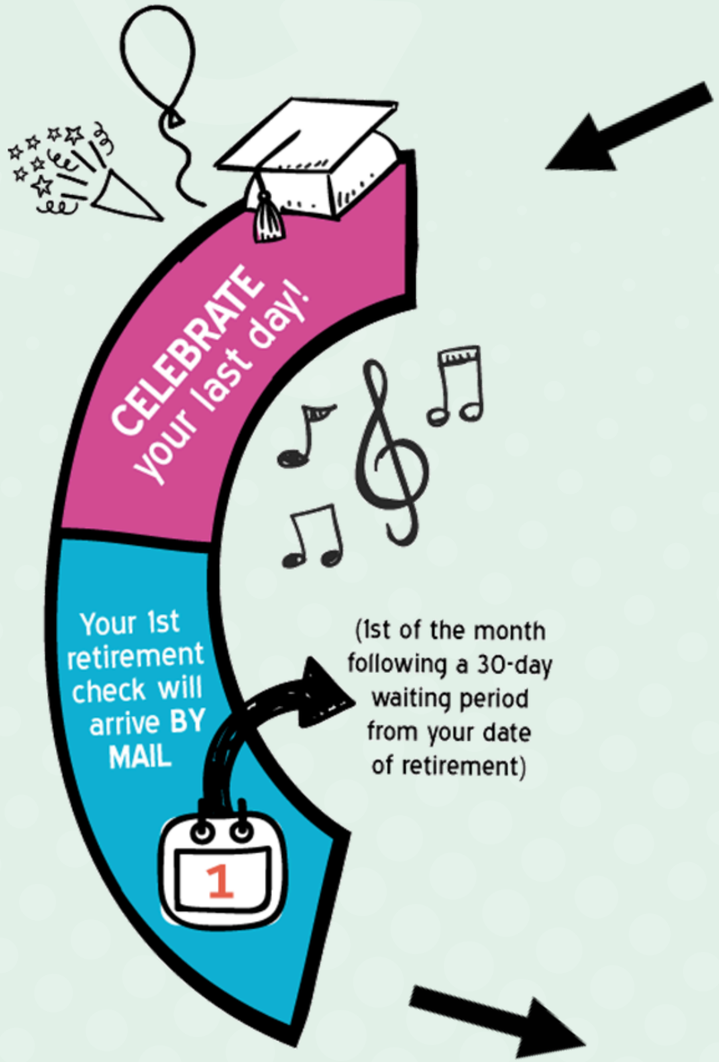
ALTERED DOCUMENTS CANNOT BE ACCEPTED.
If you make a mistake, contact TRSL to request a new affidavit.

Local phone: 225-925-6446
Toll free (outside Baton Rouge): 1-877-275-8775
Ask a question: www.AskTRSL.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.

TRSL

STEP 4: FIRST BENEFIT PAYMENT

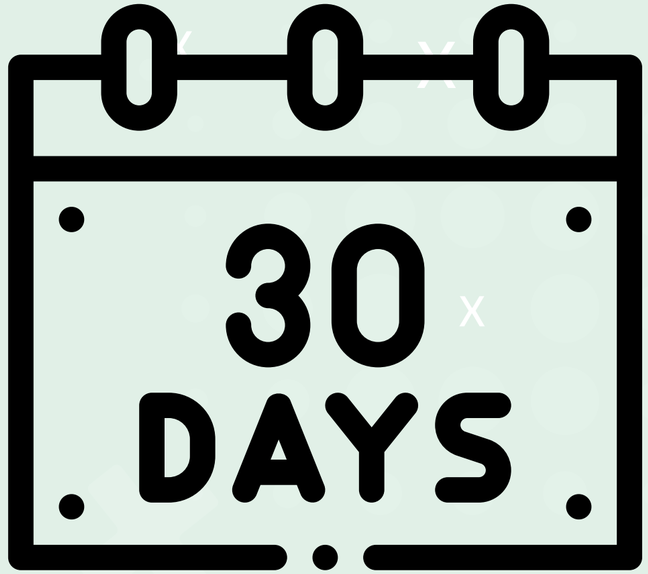


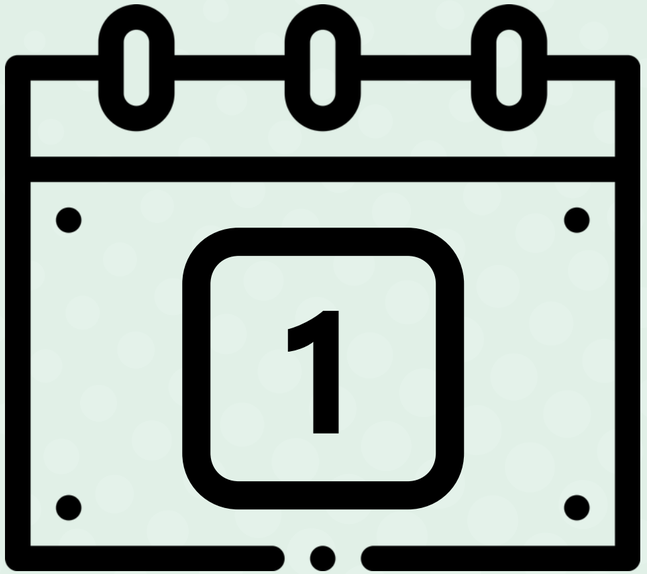
- Your first benefit payment will be a paper check.
- Subsequent payments are sent via direct deposit.
- Your retirement/DROP participation can only be canceled if a benefit payment has not been cashed (or directly deposited).
- Members entering DROP are unable to cancel DROP participation once your date passes and the affidavit is on file.

TRSL

HOW TRSL PAYS YOUR BENEFITS

For Service and ILSB, there is a 30-day waiting period.

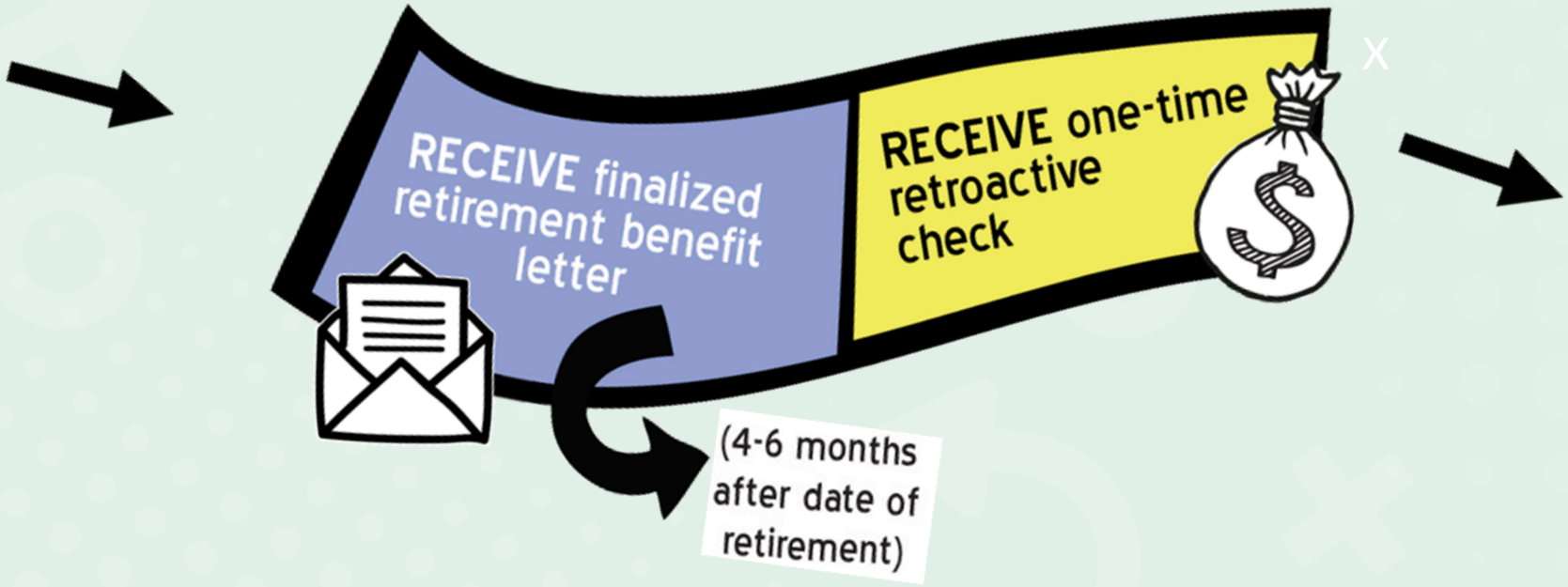




Monthly benefits are paid on the first of the month.

TRSL

STEP 5: FINALIZED BENEFIT



- 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.

ESTIMATED BENEFIT & 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)

Stay in touch at *myTRSL*:

- Update direct deposit info & federal tax withholdings anytime
- Let us know if your name, email address or physical address changes

TRSL

WHAT DID YOU LEARN TODAY?

1. _____

2. _____

3. _____

TRSL

THINGS TO DO NOW

- **Submit Critical Documents:** Upload copies of SS Cards and birth certificates for you and your beneficiary(ies) at *myTRSL*.
- **Register for TRSL's Member Portal:** Create your *myTRSL* account today and access your retirement information.
- **Verify Beneficiaries:** Check your beneficiary designations via *myTRSL*. Login to *myTRSL* to update (active members).
- **Update Contact info:** Ensure TRSL has your current name, home address and your personal email address at *myTRSL*.
- **Create an estimate:** Generate your retirement estimate with the online estimate calculator via *myTRSL*.

TRSL

FIND IT ONLINE AT TRSL.ORG

TRSL

QUESTIONS?

TRSL

WE ARE HERE FOR YOU!

Phone Support

Local: (225) 925-6446

Toll-Free:1-877-ASK-TRSL (275-8775)

Questions online

Website: www.TRSL.org

Questions: AskTRSL.org

Connect with us: @TRSLOnline

TRSL