



**Form may not
be altered**
**Do not use for DROP
or ILSB withdrawals**

Direct Deposit of Benefits

Direct deposit payment stubs are mailed only when one of the following occurs: (1) establishment of direct deposit, (2) change in net pay, or (3) at the end of the calendar year.

TRSL offers Member Access, which gives you secure, online access to your retirement account. To register, visit www.trsl.org, and follow the easy instructions.

Section 1 — Benefit recipient information

Name: Last, first, MI, suffix (Jr, III, etc.)		<input type="checkbox"/> Check here if address change	Social Security number											
Telephone ()	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. (Bank signature not required)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
Mailing address:		If you are receiving multiple benefit payments, check ONE only (no selection indicates change will be applied to all accounts):												
City, state, zip		<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												
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.

Recipient's signature (Do not print or type)	Date signed (mm-dd-yyyy)

Section 2 — Information about joint signer (if applicable)

Name of joint signer (if any): Last, first, MI, suffix (Jr, III, etc.)		Social Security number											
Relationship to recipient	Telephone ()	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											
Street address only		City, state, zip											

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

Section 3 — Financial institution agreement

Name of financial organization	ACH routing number															
Address: Street / P.O. Box	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															
City, state, zip	Bank account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> ATM															
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															

In consideration of Teachers' Retirement System of Louisiana (TRSL) making payments in accordance with the foregoing request without requiring the personal endorsement of the payee, we hereby agree to repay, subject to disposition required by law and banking guidelines, the amount of any funds on deposit in the recipient's account at the time of demand that are due TRSL by reason of death of the retiree. We further agree to accept the certification of TRSL as to the date of death of such payee as sufficient evidence of date of death. In the event that we learn of the payee's death before TRSL, we agree to notify TRSL of the death and return any payments received after the death of payee to the extent that funds are available.

Dated at _____ this _____ day of _____, _____.

Signature of financial officer (Do not print or type)	Name and title of financial officer (Print or type)	Telephone ()	Toll-free number