Teachers' Retirement System of Louisiana
8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
PO Box 94123 • Baton Rouge, LA 70804-9123
Telephone: (225) 925-6446 • Fax: (225) 925-4779
www.trsl.org

Form 11R (11/09)
05-11R

Form may not be altered

Direct Deposit of DROP or ILSB Account Withdrawals

Section 1 — Benefit recipient information

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

Check here if address change ☐

Social Security number

Daytime telephone ( )

Evening telephone ( )

Mailing address

City, state, zip

I authorize and request Teachers' Retirement System of Louisiana (TRSL) to direct the net amount of my monthly/annual Deferred Retirement Option Plan (DROP) or Initial Lump-Sum Benefit (ILSB) withdrawal 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.

I authorize the bank to release to TRSL, on request, my current mailing address, the names and mailing addresses, if known, of any individuals authorized to sign on my account, and the names and addresses, if known, of individuals who have power of attorney to withdraw funds from my account.

If my death should occur before the due date of any payment which shall have been made by TRSL in compliance with this request, the below-mentioned financial organization will refund such payments to TRSL in accordance with the agreement annexed hereto.

I further authorize TRSL to initiate electronic funds transfer debit transactions to retrieve payments sent, but not due, in the event that my death has occurred.

Recipient's signature (Do not print or type) ▶

Date signed (mm-dd-yyyy)

Section 2 — Joint signer information and signatures witnessed by bank office

Not required if spouse. Other joint signers not present for signature require submission of Affidavit for Nonspousal Joint Signer (Form 15JS).

Name of joint signer (if any): Last, first, MI, suffix (Jr., III, etc.)

Social Security number

Relationship to recipient

Telephone ( )

Street address only

City, state, zip

I, _____, joint signer of the bank account listed below, accept the responsibility of notifying TRSL of the death of the above-named benefit recipient. I also accept responsibility for returning any funds to TRSL which were transmitted by TRSL to the bank account after the death of the benefit recipient. I agree to allow the debit transactions of retiree payments sent but not due after the date of death of the benefit recipient.

Joint signer's signature (Do not print or type) ▶

Date signed (mm-dd-yyyy)

We, _____ and _____ , the undersigned competent witnesses, hereby acknowledge and attest that the above-named recipient and joint signer (if any) appeared before us and personally signed the above in our presence this _____ day of _____ , _____.

Signature of bank official ▶

Signature of bank official ▶

Section 3 — Financial organization agreement

Name of financial organization

Address: Street / P.O. Box

City, state, zip

DROP or ILSB account

ACH routing number

Check here if not a member of ACH System ☐

Bank account number ☐ Checking ☐ Savings ☐ ATM

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 and refund to TRSL on demand, subject to disposition required by law, 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

Return original to Teachers' Retirement System of Louisiana