

Direct deposit

Direct deposit, or electronic funds transfer (EFT), is the safest, fastest, and most convenient way for you to receive your TRSL benefits and withdrawals. The form on the reverse side gives TRSL legal authority to send your Deferred Retirement Option Plan (DROP) or Initial Lump-Sum Benefit (ILSB) withdrawals electronically to the bank, credit union, or other financial institution of your choice.

Use *Direct Deposit of Benefits (Form 15D)* for the direct deposit of regular retirement benefits. It and all TRSL forms are available on our website at www.trsl.org.

When are benefits posted?

Eligible deposits will be made by EFT, if your financial institution handles electronic transfers, and will be deposited on the 15th day of the month. If the 15th falls on a weekend or holiday, the deposit will be made on the bank's first working day after the 15th.

Direct deposit forms received by the first of the month will be processed for the current month. For example, a May DROP or ILSB withdrawal would be sent electronically if the request was received by May 1.

TRSL cannot guarantee that direct deposit requests received 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.

TRSL will only print direct deposit payment stubs each December and when the net benefit changes, effective July 1, 2010.

If you have any questions about direct deposit of DROP or ILSB withdrawals, contact TRSL at 225-925-1808 or 225-922-2556.

Completing Form 11R

All sections of this form should be completed at the financial institution you have chosen for direct deposit. This form may not be altered in any way.

If there are joint signers on the account, they should accompany you to the financial institution so officials can witness their signatures also. If the joint signers are unable to go with you, then you should request an *Affidavit for Nonspousal Joint Signer* (Form 15JS) for them to complete.

Section 1 — Benefit recipient information

A notice will be mailed only when the net amount of the deposit changes. This section must be signed.

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

Spouse not required. Other joint signers not present for signature require submission of an *Affidavit for Nonspousal Joint Signer* (Form 15JS), which is available from TRSL. If there is more than one joint signer, a separate sheet of paper may be attached indicating the same information that is on this form. The separate sheet must also be witnessed by bank officials. Bank officials who witness the signatures of the joint signer(s) must sign Section 2, as well as the separate sheet of paper, if applicable.

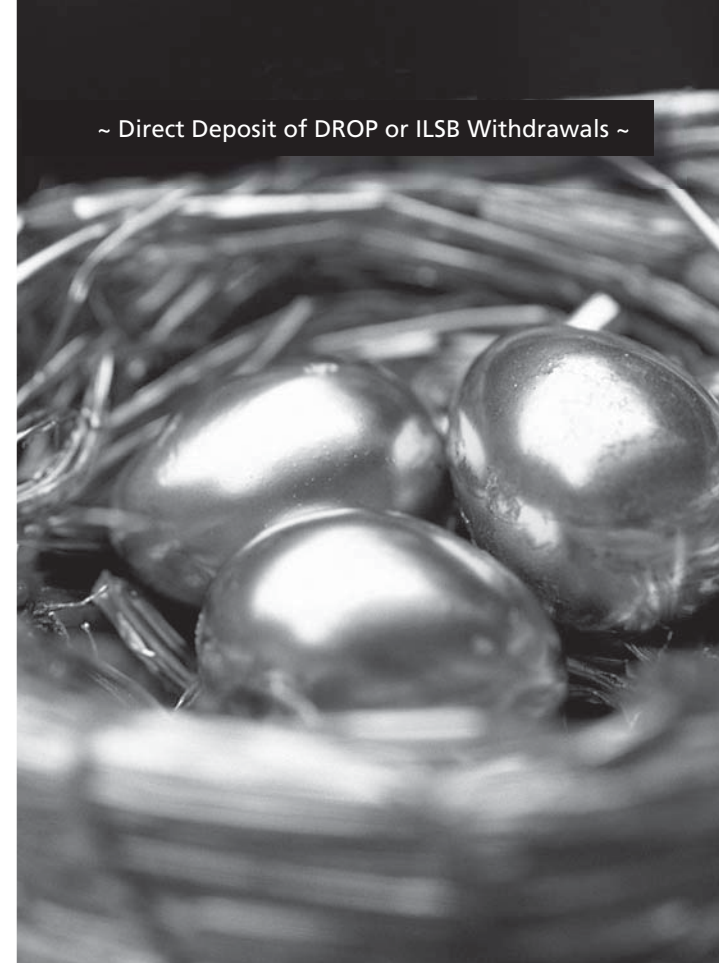
Section 3 — Financial organization agreement

This entire section should be completed by bank officials. They must verify the joint signer(s) on the account. **They must also sign and date the agreement.**

Revised January 2010

This public document was published at a cost of \$329.18. Two thousand copies of this document were published by the Teachers' Retirement System of Louisiana, Post Office Box 94123, Baton Rouge, Louisiana 70804-9123, to inform TRSL members of laws and policies that affect them. Printing was purchased in accordance with the provisions of Title 43 of the Louisiana Revised Statutes.

~ Direct Deposit of DROP or ILSB Withdrawals ~



January 2010

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**TRSL**
Teachers' Retirement System of Louisiana



Teachers' Retirement System of Louisiana
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Form 11R (11/09)

05-11R

**Form may not
be altered**

www.trsl.org

Direct Deposit of DROP or ILSB Account Withdrawals

Section 1 — Beneficiary information

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

Check here if address change

Daytime telephone () ()
 Evening telephone () ()

Social Security number

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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.)

Relationship to recipient

Telephone () ()

Social Security number

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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

ACH routing number

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Check here if not a member of ACH System

Bank account number

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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