



**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 15D (08/05)

**10-15D**

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

**Direct Deposit of Benefits**

**Section A— Benefit recipient information**

Name: Last, first, MI, suffix (Jr, III, etc.)		<input type="checkbox"/> Check here if address change	Social Security number	
Telephone ( )	If you are receiving multiple benefit payments, check <b>ONE</b> only (no selection indicates change will be applied to <b>all</b> accounts):  <input type="checkbox"/> Change applies to <b>ALL</b> benefit payments <input type="checkbox"/> Change applies to <b>RETIREE</b> benefit payments only <input type="checkbox"/> Change applies to <b>SURVIVOR/BENEFICIARY</b> payments only	<input type="checkbox"/> I wish to receive a notice every month <input type="checkbox"/> I wish to receive a notice only when the net amount of my deposit changes		
Mailing address:		<input type="checkbox"/> I wish to receive a notice every month <input type="checkbox"/> I wish to receive a notice only when the net amount of my deposit changes		
City, state, zip				

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.

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 or if I am a disability retiree and become employed in the field of education, public or private, or if I am a full-time student and if I should leave school and fail to notify TRSL, the below-mentioned financial organization will return 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 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.

Recipient's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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**Section B — Joint signer information and signatures witnessed by bank office**

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

Name of joint signer (if any): Last, first, MI, suffix (Jr, III, etc.)		Social Security number	
Relationship to recipient	Telephone ( )	<input type="checkbox"/> I wish to receive a notice every month <input type="checkbox"/> I wish to receive a notice only when the net amount of my deposit changes	
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)
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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
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**Section C — Financial organization agreement**

Name of financial organization	ACH routing number	<input type="checkbox"/> Check here if not a member of ACH System
Address: Street / P.O. Box	Bank account number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> ATM
City, state, zip		

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
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**Return original to Teachers' Retirement System of Louisiana**