



Direct Deposit Instructions

Print in ink or type all entries except signatures. All applicants must complete Section 1 and 3. All sections of the form should be completed at the financial institution chosen for direct deposit. This form should not be altered in any way. Depending on your election, you will also need to complete Section 2 (Joint Signer Information).

This form should be used for all TRSL benefits except for DROP or ILSB account withdrawals. To receive DROP or ILSB account withdrawals via direct deposit, you will need to complete a *Direct Deposit of DROP or ILSB Account Withdrawals* (Form 11R).

Section 1 — Benefit Recipient Information:

Should be completed by the person who receives the benefit. If your mailing address has changed, notify TRSL by putting the new address in this section and checking the box, "Check here if address change."

If this is a new direct deposit setup, a change to a new bank, or a change of your account number with the same bank, check the applicable box. Bank officials are not required to sign Section 3 if the form is being submitted to report a change of your account number with the same bank. **Section 1 must be signed by the benefit recipient.**

Section 2 — Joint Signer Information:

Not required if spouse is the joint signer. Other joint signers must be listed. For more than one joint signer, complete TRSL's *Addendum to Direct Deposit of Benefits—Nonspousal Joint Signer(s)* (Form 15JS) identifying each joint signer.

Section 3 — Financial Institution Agreement:

Should be completed by bank officials. Bank officials must verify all bank account information for accuracy. **They must also sign and date the agreement.**

When are benefits posted?

Benefit payments are made available for direct deposit into your bank account on the first day of the month. If the first falls on a weekend or holiday, the direct deposit will be available for your financial institution to post to your account on the next business day. Direct deposit forms received by the 15th of the month will be processed, and the next month's benefit will be sent to your financial institution. TRSL cannot guarantee that forms received after the 15th of the month will be processed for the next payroll.

Direct deposit cannot be processed on a weekend or federal holiday as these are non-banking days for the Federal Reserve Bank. If you need account information regarding the posting of your payment, contact your financial organization.

TRSL will send you a letter confirming that the direct deposit form was processed. Please review the letter to make sure the account number is correct. If you do not receive a confirmation letter, check with your bank on the first working day of the month before assuming the direct deposit form wasn't processed in time for your benefit to be sent electronically.

If you receive multiple benefit payments, indicate the specific account you wish to update. If you do not make a selection, you authorize the change to be applied to all benefit payments (excluding DROP or ILSB account withdrawals).

TRSL prints retiree direct deposit payment stubs at the establishment of direct deposit, each December, and when the net benefit changes.

NOTE: *Your first benefit payment will be sent by check through the mail. Subsequent benefits will be sent electronically to your financial institution.*



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 (02/15)

10-15D

**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. (Section 3 - Financial officer signature not required)	<table><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><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																	
Email address	<input type="checkbox"/> Change applies to RETIREE benefit payments only <input type="checkbox"/> 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.

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><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><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><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><td></td></tr></table>																
City, state, zip	Bank account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> ATM																
	<table><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><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

Return original or fax to Teachers' Retirement System of Louisiana