



Teachers' Retirement System of Louisiana
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Form 2AC (08/14)

01-AC

Active Member Change of Address Authorization

SAVE TREES AND YOUR TIME! You can change your address online through TRSL's easy and secure MEMBER ACCESS... no paper forms to fax or mail! If you're not already registered, visit our website at www.trsl.org to create a user ID and password. Click on the "MEMBER ACCESS LOGIN" link at the top right of the screen, and follow the easy instructions. Once registered, you can view your personal retirement information, like beneficiary designations and service credit, and even create a benefit estimate.

Print in ink or type all entries except signatures.

Member information

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number <input type="text"/>
Daytime telephone ()	Evening telephone ()	
New mailing address		
Street address, if mailing address is a post office box		
City, state, zip		

Signature of authorization*

Signature of member or authorized agent (Do not print or type)	Date signed (mm-dd-yyyy)

*If you sign with an "X," this authorization must be witnessed

We, _____ and _____, the undersigned competent witnesses, hereby acknowledge and attest that the above-named member appeared before us and personally signed the above in our presence this _____ day of _____ (Month) / _____ (Year).

Signature of witness (Do not print or type)	Signature of witness (Do not print or type)
Street / P.O. Box	Street / P.O. Box
City, state, zip	City, state, zip