



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 15C (03/06)

01-AC

Retiree Change of Address Authorization

This form is also used for survivors, beneficiaries, and alternate payees receiving benefits payments from the Teachers' Retirement System of Louisiana (TRSL).

Benefit recipient information														
Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number												
Daytime telephone () ()	Evening telephone () ()	<table border="1"> <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> </tr> </table>												
New mailing address														
Street address, if mailing address is a post office box														
City, state, zip														

Direct deposit information

- Do you have direct deposit? Yes No
- Would you like to have a direct deposit form mailed to you? Yes No

Signature of authorization*	
Signature of retiree 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 retiree 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