



Teachers' Retirement System of Louisiana
 8401 United Plaza Blvd, Ste 300 • Baton Rouge, LA 70809-7017
 P.O. Box 94123 • Baton Rouge, LA 70804-9123
 Telephone: (225) 925-6446 • Fax: (225) 925-4779
www.trsl.org

Form 10 (09/09)

03-10

Benefit Estimate Request

To receive a retirement benefit estimate, print information requested below. When complete, refold, seal, affix stamp, and return to the Teachers' Retirement System of Louisiana. An estimate will be sent to your mailing address below. Please allow four to six weeks for a response.

NOTE: An incomplete or improperly completed form will be returned to you. Please allow four to six weeks for processing after TRSL has received the necessary information. Please see TRSL's booklet *Planning for Your Retirement* for more detailed information on preparing for your retirement or DROP participation. You may request an estimate as early as three years before retirement. TRSL uses an average of your highest three consecutive reported earnings to compute your estimate of retirement benefit or DROP deposit amount. Neither current-year projected earnings nor sick leave credit will be used in computing the estimate.

Date of birth: _____ / _____ / _____

Projected date of retirement: _____ / _____ / _____
(Must be within 36 months)

Type of retirement benefit estimate desired:

- Service
- Initial Lump-Sum Benefit (must meet eligibility requirements for DROP)
- Disability retirement: Minor children? Yes No
 If yes, please provide youngest child's date of birth. _____ / _____ / _____
- Deferred Retirement Option Plan (DROP) - (entering DROP)
- Retirement (after DROP)

2.5% Annual COLA Option (ACO)

The ACO is a new retirement option that allows a retiring member to receive a guaranteed annual 2.5% cost-of-living adjustment (COLA) by accepting an actuarially reduced retirement benefit. Please check the box below **only** if you are interested in receiving a benefit comparison estimate.

- 2.5% Annual COLA Option

Name _____ Social Security number

--	--	--	--	--	--	--	--	--	--

Street / PO Box _____

City, state, zip _____

Work telephone () - _____ Home telephone () - _____

E-mail address _____

If you are interested in survivor options, please complete the following:

Beneficiary name _____ Beneficiary date of birth _____ / _____ / _____

I hereby understand that the figures I will receive are estimated and subject to change once final employer certifications are received when I retire.

Signature _____ Date of request _____ / _____ / _____

Visit www.trsl.org to use the benefits calculator for an unofficial estimate.

Send completed form to: Attention: Retirement Department
 Teachers' Retirement System of Louisiana
 PO Box 94123
 Baton Rouge LA 70804-9123