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 2AC (02/05)
01-AC

Active Member Change of Address Authorization

Print in ink or type all entries except signatures.

Member information

Name: Last, first, MI, suffix (Jr., III, etc.)

Social Security number

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) ▶

Street / P.O. Box

City, state, zip

Signature of witness (Do not print or type) ▶

Street / P.O. Box

City, state, zip