



Teachers' Retirement System of Louisiana

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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.)
Daytime telephone ()
Evening telephone ()
Social Security number

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