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Form 8
 12/19

LOUISIANA SCHOOL EMPLOYEES'
 RETIREMENT SYSTEM

Authorization for Direct Deposit

IMPORTANT: Complete the entire form and return to LSERS. Follow the specific instructions on back. Please keep a copy for your records.

Section 1: Payee Information

A. Name of Payee: Last, First, MI, Suffix (Jr., III, etc.)	B. Social Security Number
C. Address of Payee (Number, Street or P. O. Box Number)	E. Primary Telephone Number (with area code) ()
D. City, State, and Zip Code	F. Secondary Telephone Number (with area code) ()
G. If you are receiving multiple benefit payments, check ALL applicable payments (no selection indicates change will be applied to all payments):	
<input type="checkbox"/> RETIREE or SPLIT benefit <input type="checkbox"/> BENEFICIARY or SURVIVOR benefit <input type="checkbox"/> Withdrawal from old DROP/IBRP, eligible prior to 1/1/2004	

Section 2: To be completed by Joint Payee

I, being a joint signer on the bank account of the above named individual, accept the responsibility of notifying LSERS of the death of the above named Payee, and I agree to accept full responsibility for returning any funds created by LSERS to the bank account after the death of the Payee or if funds were credited in error for any reason. I certify that I have read the provisions on the front and back of this form, and that I fully understand and accept the obligations contained herein.

A. Name of Joint Payee: Last, First, MI, Suffix (Jr., III, etc.)	B. Relationship to Payee
C. Address of Joint Payee (Number, Street or P. O. Box Number)	D. Social Security Number
E. City, State, and Zip Code	F. Telephone Number (with area code) ()
G. Signature of Joint Payee (Do not print or type)	H. Date Signed

Section 3: Account Information - **Attach a voided check on back**

A. Name and Complete Address of Financial Institution **or Residential Care Facility**

B. Account type: enter "C" if checking,
 "S" if savings.

C. Account Number

D. Routing Number

If Completed by Financial Institution **or Residential Care Facility**:

E. Signature of Institution/Facility Staff	Print Name	F. Telephone Number (with area code) ()
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Section 4: Payee or Legal Authorized Representative Certification

Payee Representative: LSERS must have legal papers declaring your authorization on file before your signature is accepted. An original or certified true copy of legal paperwork can be sent with this form and the original will be returned to you.

I hereby authorize and request the Louisiana School Employees' Retirement System (LSERS) to direct the net amount of my monthly benefit payment for crediting to my account at the financial institution designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I further authorize LSERS to initiate electronic fund transfer debit transactions to retrieve payments sent but not due in the event of my death or if funds were credited to the above designated account in error for any reason. If my death should occur prior to the due date of any payment which is made by LSERS in compliance with this Authorization for Direct Deposit, the above named financial institution shall refund such payments to LSERS. I certify that I am entitled to the payment identified herein.

By signing below, you certify that you have read the provisions of this form and fully understand the obligations contained herein.

Signature of Payee or Legal Authorized Representative (Do not print or type)	Date Signed
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INSTRUCTIONS

This form authorizes Louisiana School Employees' Retirement System (LSERS) to directly deposit your LSERS monthly benefit payments into your account. Before direct deposits can begin, you must first contact your financial institution to confirm they are a member of the Automated Clearing House (ACH) system, then you must complete the form and return it to LSERS. If your financial institution is not an ACH member, we encourage you to locate one that is and then submit your request for direct deposit.

A direct deposit is the most effective and guaranteed method of receiving your LSERS monthly benefit payments. Your LSERS monthly benefit will be electronically deposited by way of electronic funds transfer (EFT) from an LSERS account to your account on the 1st of each month or the 1st business day of each month if the 1st falls on a weekend or holiday. If you are a DROP or IBRP retiree eligible before 1/1/2004, your DROP/IBRP withdrawals are deposited in the same manner, except, on the 5th day of any month according to your selected withdrawal schedule. If you are a DROP/IBRP retiree, eligible on/after 1/1/2004, you must contact Empower Retirement at 1.800.701.8255 or www.louisianadcp.com to set up direct deposit for your DROP/IBRP payment.

Section 1 - Payee Information (Complete Items A - G)

Item A - Name of the person to whom the payment is made. This is the retiree, beneficiary, survivor or alternate payee who is entitled to such payment.

Item B - Social Security number of the payee. The Social Security number is used to identify the payee's records and payment.

Item C - D - Address of the payee named in Item A. Provide a complete address including an apartment number, P.O. Box and the zip code. This address must be kept current with LSERS. Please notify LSERS immediately when the address changes.

Item E - F - Area code and telephone numbers of the payee named in Item A or the telephone numbers of the person who may represent the payee.

Item G - Select the type(s) of benefit you are receiving and want deposited into the account noted in Section 3. **Note: No selection made will indicate the change applies to all payments. DROP/IBRP selection applicable only to those eligible before 1/1/2004.**

Section 2 - Special Notice to Joint Payee (Complete Items A - H)

Joint Payee must immediately advise LSERS and the financial institution of the death of the Payee or if funds were credited in error for any reason. Funds deposited after the death of the Payee must be returned to LSERS. LSERS will then make a determination regarding continued benefits, if any. A joint payee signing this form agrees to be personally liable for any deposits made to the financial institution which are not returned to LSERS.

Item A, C-F - See instruction in Section 1.

Item B - Is the joint payee a spouse, adult child, individual with power of attorney, friend? **Be very specific.**

Item G-H - Sign and Date.

Section 3 - Account Information/Financial Institution (Complete Items A - F)

Item A - Complete name and address of the financial institution (bank, savings and loan association, credit union, etc.) and the branch/facility designation or the residential care facility to which the payment will be sent.

Item B - Identify the type of account in which this payment is to be deposited. The account may be either a checking ("C") or savings ("S") account.

Item C-D - Enter the **Account Number** and **Routing Number** for your financial institution.

The diagram shows a check stub with the following fields and annotations:

- Name, Address, City, State Zip**: Located at the top left.
- Date**: Located at the top right, with a box for the year **1001**.
- PAY TO THE ORDER OF**: A line for the payee's name.
- BANK NAME, Address, City, State Zip**: Located below the payee name.
- Memo**: A line for a memo or reference.
- Routing Number**: A box containing the number **121301028**.
- Account Number**: A box containing the number **000111222333**.
- Check Number**: A box containing the number **111**, with a red 'X' over the first '1'.
- Do Not Use**: A red arrow pointing to the check number field.
- Place Voided Check Here**: A red box with white text pointing to the routing and account number fields.

Picture provides a hint on where to locate the Account Number and Routing Number on a paper check. You can also attach a voided check here for LSERS' to identify for you.

Item E - Signature and printed name of preparer if completed by Financial Institution or Residential Care Facility

Item F - Telephone number of Financial Institution Official/ Residential Care Facility Representative

Section 4 - Payee or Legal Authorized Representative Certification

You must read instructions, sign and date the form. If you are unable to sign, then your legal representative must sign in this space. Papers declaring the legal representative must be on file in the office of LSERS.

This authorization remains in effect **until cancelled by written notice** from the payee/the legal representative, or in the event of the death of the payee. *You may change the designation of your financial institution by completing and submitting a new authorization form.*

Direct Deposit Notification and Online Access

Direct deposit payment notifications will be sent out **only** when a direct deposit is set up for the first time, when there is a change to your net pay, and in December of each calendar year. You can view benefit information and print copies of your check stubs at your convenience via LSERSWeb. Go to www.LSERS.net and log in. Click on personal information and select the payment history tab. Click on payment date to retrieve the benefit payment details.