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Form 8
6/09

LOUISIANA SCHOOL EMPLOYEES'
RETIREMENT SYSTEM

Authorization for Direct Deposit

Please type or print in ink. - INSTRUCTIONS ON BACK

IMPORTANT: Complete the entire form. Follow the specific instructions for each section. Attach a voided personal check.

Section I: To be completed by Payee (LSERS Member, Items A through G below)

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 below. 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 funds transfer debit transaction to retrieve payments sent but not due in the event that my death has occurred. I further authorize the financial institution (bank) to release to LSERS on request, the status of my account, my current mailing address, the names and mailing addresses of any joint account holders, and the names and mailing addresses of individuals who have power of attorney to withdraw funds from my account.

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 below named financial institution shall refund such payments to LSERS. I certify that I am entitled to the payment identified herein, and that I have read and understand the provisions on the front and back of this form.

A. Name of Payee: Last, First, MI, Suffix (Jr., III, etc.)	B. Social Security Number
C. Mailing Address of Payee (Number, Street or P. O. Box Number)	
D. City, State, and Zip Code	E. Payee's Daytime Telephone Number(with area code) ()
F. Signature of Payee or Legal Authorized Representative of Payee (Do not print or type)	G. Date Signed (MM/DD/YYYY)

Section II: To be completed by Joint Payee (Items A through H below)

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 to LSERS which were transmitted by LSERS to the bank account after the death of the Payee. I certify that I have read the provisions on the front and back of this form, and that I fully understand the obligations contained herein and fully accept the obligations.

A. Name of Joint Payee: Last, First, MI, Suffix (Jr., III, etc.)	B. Relationship to Payee
C. Complete Street Address of Joint Payee (Include Apartment Number)	D. Social Security Number
E. City, State, and Zip Code	F. Joint Payee's Daytime Telephone Number(with area code) ()
G. Signature of Joint Payee (Do not print or type)	H. Date Signed (MM/DD/YYYY)

Section III: To be completed by Financial Institution or Payee (Items A through F below)

A. Name and Complete Address of Financial Institution

B. Type/Number of depositor account to be credited.
Type Account: enter "C" if checking, "S" if savings.

C. Routing Number

D. If Joint Account, Please Verify Name of Joint Signer

If Completed by Financial Institution:

E. Name of Financial Institution Official	F. Daytime Telephone Number(with area code) ()
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INSTRUCTIONS

Type or print (in ink), all information requested, with the exception of the legal signatures.

This form authorizes direct deposits into your account and is to be used only for Louisiana School Employees' Retirement System (LSERS) payments.

If you wish your monthly benefit payments sent directly to your financial institution for deposit into your checking or savings account, you must complete this form to authorize the action. The financial institution may be any bank, savings bank, savings and loan association, or similar institution, or federal or state chartered credit union. If you do not have an account in one of these institutions and wish one, contact the financial institution of your choice, and your payment will begin going to your personal checking or savings account.

Deposits will be made by way of electronic funds transfer (EFT) from LSERS' account to your account, provided your financial institution is a member of the Automated Clearing House (ACH) System. In the event your financial institution is not a member of the ACH System, a paper check will be mailed for deposit to your account. If you wish to have the advantage of the "paperless" electronic deposit, you may wish to establish an account with a financial institution that is a member of the ACH System.

Section I - Payee Instructions (Complete Items A - G)

Item A - Name of the person to whom the payment is made. This is the retiree, beneficiary, or survivor 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 - Mailing 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 - Area code and daytime telephone number of the payee named in Item A or the telephone number of the person who may represent the payee.

Item F -G - Sign and date the form. The signature must be that of the person named in Item A. If the payee is unable to sign, then the legal representative of the payee must sign this space. Papers declaring the legal representative must be on file in the office of LSERS.

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

Joint Payees must immediately advise LSERS and the financial institution of the death of the Payee. Funds deposited after the death of the Payee must be returned to LSERS. LSERS will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments. After the death of the Payee, Joint Account Holders signing this form agree to be personally liable for any payments made to the financial institution which are not returned to LSERS.

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

Section III - Items A - F - Financial Institution of Payee Information

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

Item B - Identify the type of account and the account number in which this payment is to be deposited. The account may be either a checking ("C") or savings ("S") account. Attach a voided personal check to verify payee's account number.

Item C - Enter the **Routing Number** for your bank. The number can be found on the bottom left of your check.

Item D - If this is a joint account, please verify the name of the joint signer.

Payee Cancellation Instructions

This authorization remains in effect **until cancelled by written notice** from the payee (or the legal representative, 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.*

Check Stub/Account Statement

An account statement, similar to a check stub, will be issued monthly. You should retain the account statement for future reference. In the event your financial institution is not a member of the ACH System, you will not receive this account statement. A check stub will be attached to the paper check mailed to your financial institution. If you have any questions regarding direct deposit, contact LSERS or your financial institution.

After form is complete mail or fax to:

Louisiana School Employees' Retirement System
 P.O. Box 44516
 Baton Rouge, LA 70804-4516

Send original copy to LSERS
 Please keep a copy for your records