

NOTICE OF FINAL DEPOSIT AND REQUEST FOR REFUND

Part I (Please Print)

Name _____ Social Security No. _____

Telephone No. _____ Date of Birth _____ Last Day of Employment _____

Member's Mailing Address _____
Street Address or Box Number City State Zip Code

I authorize TRS to issue to me a personal identification number (PIN) which may be used to access information through the automated telephone system. I authorize the release of any information regarding my account to anyone using my PIN. I understand that TRS will mail the PIN to my address on file for my account. Once mailed, TRS has no responsibility for the protection of the PIN. I understand that it is my responsibility to prevent unauthorized use of the PIN.

If you do not want TRS to send you a PIN, check here: No, do not send a PIN

AFFIDAVIT THAT EMPLOYMENT HAS PERMANENTLY CEASED AND INSTRUCTIONS FOR DISTRIBUTION OF FUNDS

I hereby certify that I have **permanently** terminated my employment in any State-supported educational institution in Texas and request that the accumulated contributions in my account with the Teacher Retirement System of Texas (TRS) be distributed to me according to the following instructions. I further certify that I do not have a contract or promise of employment nor have I applied for employment with any employer covered by TRS and the balance in my account is due to me and unpaid. I understand that my receipt of the distribution will release TRS from any claim for other benefits payable on my behalf and will cancel my TRS service credit. I further understand that should I contract for employment with any TRS-covered employer before receiving my distribution, I will not be entitled to the distribution. TRS may not pay benefits on my behalf until the amount is restored.

Individuals who terminate TRS membership by withdrawing their TRS account but resume membership on or after September 1, 2007 will be subject to the following new retirement eligibility criteria for a normal age (unreduced) service retirement annuity 1) age 65 with at least 5 years of service credit, or, 2) age 60 with at least 5 years of service credit and age plus years of service credit equals at least 80.

Proportionate retirement notice: If you have service credit in another Texas public retirement system, termination of TRS membership and service credit may affect your eligibility for benefits from a system participating in the proportionate retirement program. If you plan to combine service credit in different systems to meet eligibility requirements, contact each system for more information.

MEMBER MUST CHECK ONLY ONE SECTION

(see "Special Tax Notice Regarding TRS Payments" information sheet)

I hereby request that none of my accumulated contributions be rolled over into an eligible retirement plan. I understand that 20% of the taxable amount of my refund will be withheld for income tax as required by law. (PROVIDED THE AMOUNT IS GREATER THAN \$200.00)

I hereby request that all or a portion of my accumulated contributions be rolled over into an eligible retirement plan. Please send me information so I can provide TRS with rollover instructions.

I hereby acknowledge that I have been provided with "Special Tax Notice Regarding TRS Payments" and that I have 30 days from receipt of the notice to consider my decision of whether to elect a direct rollover of my distribution. I understand that once I have made an election and TRS has issued the distribution, my election is irrevocable and cannot be changed.

Signature of Member

Before me, the undersigned authority, a Notary Public, on this day personally appeared the applicant for refund, known to me to be the person whose name is subscribed to the foregoing instrument, and being first duly sworn declared to me upon oath that he/she has read the foregoing application and the statements therein contained are true and correct.

Sworn to and subscribed before me this the _____ day of _____, _____ in the City of _____

County of _____, and State of _____ (SEAL)

(Signature) Notary Public

Part II

CERTIFICATION OF SCHOOL OFFICIAL

If member has been employed during the previous six-month period, the certification of school official is required. Send the completed form with the monthly payroll report that includes the member's final payroll transaction.

OFFICIAL CERTIFICATION: _____
Name of school district, college or agency

Date of Termination _____

Final Transaction (Deposit or Adjustment) Amount _____

Included in Report for month of _____



I hereby certify the final salary payment has been made to the above named member and that this person has no further contract, written or oral, to return to employment nor does this person have a notice of renewal of contract or a promise of employment with this district. No further payments or adjustments will be made to the above named member by this reporting entity.

Date

Signature of official responsible for payroll reports to the Teacher Retirement System