



APPLICATION FOR REFUND

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address or Box Number City State Zip Code  
Telephone No. \_\_\_\_\_

AFFIRMATION THAT EMPLOYMENT HAS PERMANENTLY TERMINATED

I hereby affirm that I have permanently terminated my employment with my employer covered by the Teacher Retirement System of Texas (TRS) and request to terminate my membership and the accumulated contributions in my TRS account be distributed to me according to the following instructions: Employment includes work as a student if further education is required. I do not have a contract or promise of employment nor have I applied for employment with any employer covered by TRS. The balance in my TRS account is due to me and original checks do not indicate distribution of my funds releases TRS from any claim for other benefits payable on my behalf and, if I should apply for TRS service credit, I find that no other employer should be credited for employment with any TRS-covered employer before receiving my distribution. I will not be entering into any agreement...

I understand that if I terminate TRS membership by withdrawing my TRS account and resume membership at a later date, I may be subject to new retirement eligibility criteria.

**Certification of Termination:** I understand if I was employed in a TRS-covered position during the previous six-month period, TRS will request my previous employer to confirm my date of termination and final monthly contributions, and my refund will not be processed until TRS has received all required contributions from my previous employer.

**Proportionate Retirement notice:** I understand if I have service credit in another Texas public retirement system, termination of TRS membership and service credit may affect my eligibility for benefits from a system administered by the proportionate retirement program. If I plan to combine service credit in different systems to meet eligibility requirements, I understand that I must file a separate application for each system.

REFUND ELECTION

Choose only one option: a refund or a direct rollover.

<input type="checkbox"/> Refund	I elect to have my TRS accumulated contributions paid directly to me. Understand that 20% of the taxable amount of my refund will be withheld for federal income taxes if the amount is greater than \$200.00. (I understand that 30% will be withheld for federal income taxes if I am not a U.S. citizen or a resident alien of the U.S. and request that my refund be mailed to a foreign address unless I qualify for a reduced tax withholding rate or an exemption from tax withholding under a U.S. tax treaty. If so, I must notify TRS of my eligibility for reduced withholding or exemption from withholding and provide any required documentation.)
<input type="checkbox"/> Direct Rollover	I elect to have all or a portion of my TRS accumulated contributions rolled over into an eligible IRA or other eligible account if this option is selected.

I acknowledge that I have received a copy of the "Special Tax Notice Regarding the Teacher Retirement System of Texas" and that I have 60 days from receipt of the notice to reverse my decision or request to elect a direct rollover of my distribution of accumulated contributions. I understand that once I have made an election to rollover and TRS has issued the distribution, my rollover is irrevocable and cannot be changed.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_  
On \_\_\_\_\_ (date) \_\_\_\_\_ (printed name of person before whom signed) \_\_\_\_\_  
a notary public. \_\_\_\_\_  
Signature of Notary Public \_\_\_\_\_ (SEAL)