

Request for Estimate of Retirement Benefits TRS18 (09-16)

1000 Red River Street Austin, TX 78701-2698 (512) 542-6400 (800) 223-8778

Name			TRS Participant ID	
Address				
Street Address or Box Nu	mber	City	State	Zip Code
Phone Number			Date of Birth	
Proposed retirement date(s)	(a)		(b)	
(For additional estimates, please visit MyTRS on the TRS website)				
Are you retiring due to a permanent disability?			Yes	No 🗌
Whom do you plan to name as beneficiary at retirement?				
Beneficiary's relationship				
Beneficiary's date of birth				
В	eneficiary's Gender		Male	Female
Is the beneficia	ry a TRS member?		Yes	No 🗌
If "yes", please provide the planned beneficiary's Social Security number.				
Are you currently working for a TRS	-covered employer?		Yes	No 🗌
What was/is the title of the position you most recently held?				
Do you have any unpaid service credit that you wish to purchase? (Check all that apply) Previously Withdrawn TRS Service Unreported Service and/or Compensation Substitute Service (requires at least 90 days of substitute service in a school year) Out-of-State Service Developmental Leave Service Military, including USERRA Service Membership Waiting Period Service Work Experience by a Career or Technology Teacher Service State Sick and/or Personal Leave Service (requires 50 days or more, or 400 hours or more of accumulated state sick and/or personal leave)				
Have you ever contributed to any of the following Texas public retirement systems? (Check all that apply) Employees Retirement System of Texas Texas County and District Retirement System City of Austin Employees' Retirement System El Paso Firemen and Policemen's Pension Fund El Paso Employees' Pension Fund				
I understand that this is not an official application for retirement nor an official designation of beneficiary. To designate or change your beneficiary, you must complete the appropriate form and TRS must receive the designation before your death.				
Signature		Date		