

Application for Service Retirement

- This application is for Service Retirement. The most common forms related to service retirement are included. Additional forms can be found on the TRS website by clicking Active Members and then Forms.
- Please read the *Instructions for Service Retirement* for guidance on filling out the form. An incorrectly completed application can delay the processing of your retirement.
- TRS encourages you to view the Planning for Retirement section of the TRS website for additional information about the TRS retirement process.
- Do not complete this form if you are applying for disability retirement. Please contact TRS for a disability retirement packet.

Service Retirement Checklist

<input type="checkbox"/>	Review a service retirement estimate. You can run your own estimate using MyTRS or you may contact TRS for an estimate.
<input type="checkbox"/>	Complete the documents provided in your retirement packet, following the guidance in the <i>Instructions for Service Retirement</i> . <ul style="list-style-type: none">• <i>Application for Service Retirement</i> form (TRS 30)• <i>Federal Income Tax Withholding Certificate</i> (TRS 228A)• <i>Direct Deposit Request</i> form (TRS 278)• Send copies of age verification for you and your primary beneficiary. Print your name and TRS Participant ID or social security number on your and your beneficiary's document (s).
<input type="checkbox"/>	Review optional forms available on the TRS website and submit to TRS if applicable: <ul style="list-style-type: none">• Partial Lump Sum Option Election form (TRS 30P)• ERS Service Credit Transfer Request form (TRS 528)• Certification of Unused State Sick and/or Personal Leave (TRS 587)
<input type="checkbox"/>	Terminate employment by notifying your employer
<input type="checkbox"/>	Give the <i>Notice of Final Deposit Before Retirement</i> form (TRS 7) to your employer (school district, college, etc.) if you have worked in the current or prior school year. The TRS reporting official at your place of employment must complete this form and send it to TRS.
<input type="checkbox"/>	Complete the purchase of service credit.
<input type="checkbox"/>	Provide any additional information or forms that TRS may request.
<input type="checkbox"/>	Contact TRS-Care or another group health plan for eligibility and enrollment information. Note: If you are eligible for TRS-Care at retirement, you will receive an <i>Initial Enrollment Application</i> and a <i>TRS-Care Enrollment Guide</i> once your <i>Application for Service Retirement</i> form (TRS 30) is received and processed by TRS. If you are not eligible for TRS-Care, contact the benefits office at your place of employment to determine whether you may be eligible for other health benefit coverage after retirement.



Application for Service Retirement

TRS30 (02-20)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

This form must be received by TRS by the last day of the second calendar month following the month you want your retirement to be effective. Initial any corrections to avoid possible disputes.

Name _____ TRS Participant ID or
Social Security Number _____

SECTION A - SELECTION OF RETIREMENT DATE

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Retirement Date (MM-YYYY) - Your retirement will be effective on the last day of the month that you select. You must terminate **all** employment with all TRS-covered employers no later than your retirement effective date. The only exception to this requirement is if you select a May retirement date; then, all employment with TRS-covered employers must be terminated no later than June 15th.

SECTION B - SELECTION OF RETIREMENT ANNUITY PAYMENT PLAN

Refer to the written retirement annuity estimates you received from TRS, which provide you the estimated gross dollar amount payable under each plan. Check only **ONE** of following plans:

- Standard Annuity Option** - The maximum annuity payable throughout my life with these payments ceasing upon my death.
- Option 1** - A reduced annuity payable throughout my life with the provision that, upon my death the reduced annuity shall be continued throughout the life of and paid to the person designated on the reverse side as my primary beneficiary. I may designate only one person as my Option 1 beneficiary. If my designated beneficiary predeceases me, my annuity payment will increase to the Standard Annuity amount.
- Option 2** - A reduced annuity payable throughout my life with the provision that, upon my death 50 percent of the reduced annuity shall be continued throughout the life of and paid to the person designated on the reverse side as my primary beneficiary. I may designate only one person as my Option 2 beneficiary. If my designated beneficiary predeceases me, my annuity payment will increase to the Standard Annuity amount.
- Option 3** - A reduced annuity payable throughout my life with the provision that, if my death occurs within a period of 60 months after retirement, my beneficiary will receive the remainder of the 60 payments.
- Option 4** - A reduced annuity payable throughout my life with the provision that, if my death occurs within a period of 120 months after retirement, my beneficiary will receive the remainder of the 120 payments.
- Option 5** - A reduced annuity payable throughout my life with the provision that, upon my death 75 percent of the reduced annuity shall be continued throughout the life of and paid to the person designated on the reverse side as my primary beneficiary. I may designate only one person as my Option 5 beneficiary. If my designated beneficiary predeceases me, my annuity payment will increase to the Standard Annuity amount.

If you are eligible to elect a Partial Lump-Sum Option (PLSO), please review the TRS form 30P (*Partial Lump-Sum Option (PLSO) Election*), included in the retirement packet of members eligible for this election. Election of PLSO permanently reduces the monthly annuity payment available from each of the payment plans listed above.

NOTE: This application will be void if all documents and forms required for retirement are not received at TRS within 12 months from the effective date of retirement indicated above. If this application becomes void for this reason, your earliest retirement date can then be no earlier than the last day of the month in which TRS receives a new retirement application, or the last day of either of the two preceding months, provided employment has terminated. No annuity payments will be payable for the intervening months.

SECTION C - DESIGNATION OF BENEFICIARY(IES)

Designate your beneficiary for your retirement annuity payment plan (Option 1, 2, 3, 4, or 5) and for retiree survivor benefits below. To be effective, this form must bear your signature and must be received by TRS before your death. A blank designation of beneficiary on a TRS form that is signed by you revokes any previous designation for the applicable benefits and leaves **no designation of beneficiary**. When no beneficiary is designated, applicable law determines who will receive benefits after your death. If you wish to designate a beneficiary for retiree survivor benefits different from the beneficiary you designate below for your retirement annuity payment plan, please contact TRS for a *Designation of Beneficiary* form (TRS15). Please see the enclosed *Instructions and Information for Designating a Beneficiary* form (TRS677) for important information.

Joint primary beneficiaries may be designated under the Standard Annuity Option, Option 3 or Option 4 payments plans. Only one primary beneficiary can be designated to receive continuing payments under Option 1, Option 2, or Option 5. Also, Option 1 and Option 5 may not be available with a non-spouse beneficiary who is more than 10 years younger than you.

DESIGNATION OF PRIMARY BENEFICIARY(IES)

Unless I have provided otherwise by specific designation, I hereby designate the following person(s) as my primary beneficiary(ies) to receive applicable benefits which may be due following my death (surviving designated joint beneficiaries will receive equal portions, share and share alike):

Name	Social Security Number	Relationship	Date of Birth	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESIGNATION OF ALTERNATE BENEFICIARY(IES)

Unless I have provided otherwise by specific designation, in the event the primary beneficiary predeceases me, waives the benefits, or is ineligible to receive the benefits, I designate the following person(s) as my alternate beneficiary(ies), to receive applicable benefits which may be due following my death (surviving designated joint alternate beneficiaries will receive equal portions, share and share alike):

Name	Social Security Number	Relationship	Date of Birth	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION D - SIGNATURE

Your signature is required to complete this application for service retirement.

I hereby elect to retire effective the month and year indicated in Section A of this form and to receive the annuity payment plan selected in Section B of this form. I further hereby revoke any previous designations of beneficiaries except for my beneficiary(ies) designated for the Deferred Retirement Option Plan (DROP), the Partial Lump-Sum Option (PLSO), or retiree survivor benefits payable after retirement, if applicable. The designations I have made on this form in Section C shall be in effect from the date it is received by TRS, provided it is received before my death.

I understand that after TRS makes a payment to me, I cannot change my retirement annuity plan except as provided by law and I cannot revoke my retirement.

I acknowledge that I received and read the *Instructions for Service Retirement* (TRS31) that was provided in my retirement packet. I understand that upon retirement if I return to work for a TRS covered employer in any position I must adhere to current and any potential changes to employment after retirement laws and rules or I may lose my monthly annuity. **It is my responsibility, and not my employer's, to understand the limitations that can result in the loss or suspension of my monthly annuity.**

Signature _____ Date _____



Instruction Sheet for Designation of Beneficiary

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

TRS677 (09-16)

- YOU MUST USE THE CORRECT TRS FORM. THE TRS FORM MUST INCLUDE AN ORIGINAL SIGNATURE. TRS RECOMMENDS THAT YOU SIGN IN INK AND USE A COLOR OTHER THAN BLACK. PLEASE TYPE OR PRINT YOUR DESIGNATION LEGIBLY.
- If you are physically unable to sign your name, you may instead make a mark on the signature line in the presence of a disinterested witness or a notary. The disinterested witness or notary who witnesses your mark should make a statement near your mark that you intended the mark to be your signature, include his or her name, and sign the statement.
- If you are unable to sign your name or make a mark, you may:
 - o Ask a disinterested witness to sign for you. The disinterested witness who signs for you should make a statement near the signature that assistance was requested, include his or her name, and sign the statement.
 - o Ask a notary to sign for you in the presence of a disinterested witness. The notary who signs for you should make a statement near the signature that assistance was requested, that the notary signed in the presence of a disinterested witness, and include the name of the disinterested witness.
- TRS must receive a TRS beneficiary form before your death for the beneficiary designation to be effective. Your employer is not authorized to receive the form instead of TRS; do not leave this form with your employer.
- Please provide enough information for TRS to identify you, and to identify and locate your beneficiary after your death (i.e.: your full name and social security number).
- Initial any corrections, mark-outs, or white-outs made on the form to avoid possible disputes. TRS will not accept stipulations or instructions you write on the form for the payment or division of benefits; TRS will pay benefits according to applicable law. No attachments may be made to the form.
- If you designate more than one beneficiary, the surviving beneficiaries will share equally in any applicable benefits payable (share and share alike). This means that if one designated beneficiary dies before you die, then any remaining surviving beneficiaries will receive equal shares of the benefits. Do not stipulate unequal portions to joint beneficiaries.
- If you do not designate a primary beneficiary but you designate an alternate beneficiary, the alternate beneficiary will receive any benefits payable.
- A blank designation of beneficiary on a TRS form that is signed by you revokes any previous designation for the applicable benefits and leaves no designation of beneficiary. When no beneficiary is designated, applicable TRS plan terms determine who will receive benefits after your death. When TRS receives a new beneficiary designation form, it revokes any previous designation for the benefits affected by the form. To add or remove a designated beneficiary, you must complete the new applicable form in its entirety and send it to TRS.
- If you designate a minor, any benefits will be paid to the surviving parent or the court-appointed adult responsible for the minor based on the laws in the minor's state of residence.
- If you wish to have any benefits paid to your estate, designate "my estate" as beneficiary. Your estate can be named as either primary or alternate beneficiary. Your estate must be probated in some manner for TRS to pay benefits to your estate. Naming your estate may delay payment of benefits while the required documents are obtained from the court.
- A divorce will revoke your former spouse as beneficiary for some TRS benefits payable after your death if you designated that person as your beneficiary before the date of your divorce and if TRS receives a certified copy of your divorce decree before paying benefits. If you wish to designate your former spouse as beneficiary, complete a new beneficiary form after the date of the divorce and send it to TRS. Receipt by TRS of a divorce decree does not affect the beneficiary for an Option 1, 2, 3, 4, or 5 retirement payment plan, a remaining partial lump sum option (PLSO) balance, or a remaining deferred retirement option plan (DROP) balance.
- If you die before you receive all of your DROP or PLSO payments, any remaining DROP or PLSO balance will be distributed in the following order: (1) to the beneficiary designated on the "Designation of Beneficiary for Deferred Retirement Option Plan (DROP) Benefits" (form TRS 11D) or the "Designation of Beneficiary for Partial Lump-Sum Payment(s)" (form TRS 12L), as applicable; (2) to the beneficiary designated to receive your retirement benefits; then, (3) to the beneficiary eligible to receive active member death and retiree survivor benefits.

If you have questions or circumstances not covered by these instructions, please contact TRS.
Teacher Retirement System of Texas



Federal Income Tax Withholding Certificate

TRS228A (09-20)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

Name _____ TRS Participant ID or Social Security Number _____

Address _____
Street Address or PO Box Number City State Zip Code

Please Complete the Following Questions

Are you a U.S. citizen? Yes No

If you are not a U.S. citizen, are you a resident alien of the U.S.? Yes No

If you are a non-U.S. citizen and a non-resident alien, TRS is required to withhold 30 percent of your benefit payment for federal income tax unless you qualify for benefits under a U.S. tax treaty. If so, you must notify TRS of your eligibility for reduced withholding or exemption from withholding and provide TRS with a completed IRS Form W-8BEN (Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding) along with any other required documentation. The W8-BEN can be obtained on the IRS' website, www.irs.gov, or from TRS upon request.

If you answered "Yes" to either of the above questions, please select one of the following options. (If you answered "No" to both questions, then TRS withholds 30 percent automatically if no W8-BEN.)

- I do not wish to have any federal income tax withheld from my benefit. I understand that I am liable for payment of federal income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.
- The allowances and marital status below are being claimed and I wish to have TRS withhold from my MONTHLY benefit the amount, if any, of federal income tax determined in accordance with the tax tables, marital status, and the allowances claimed.
- I wish to have a total of \$ _____ withheld MONTHLY if this amount is greater than would be withheld on the basis of allowances and marital status claimed and the tax tables. Otherwise, withhold in accordance with the tax tables.

If you selected 2 or 3 above, the following section must be completed.

Allowances Claimed: 1 for yourself 1 for your spouse _____ Other _____ Total allowances claimed

Marital Status: Married Single Married but withhold at a higher single rate

The Internal Revenue Service Regulation requires TRS to:

- Withhold federal income tax from your monthly benefit unless you tell us in writing that you do not want tax withheld,
- Base withholdings upon tax tables provided by the U.S. Treasury Department annually, and
- Provide you with an opportunity to change your preference selection.

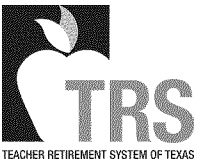
Your election will remain in effect until you revoke it. You may revoke or change your election at any time. If you elect not to have withholding applied to your pension payments, or if you do not have enough federal income tax withheld from your pension, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. This TRS form is a substitute for IRS Form W-4P, which can be found at www.irs.gov.

Failure to File Certificate with TRS

If you do not file a withholding preference certificate, TRS is required to assume that you are married and are claiming three allowances. Then, if your benefit is large enough to require federal income tax withholding, the amount required by the tax tables will automatically be withheld each month.

Signature _____

Date _____



Direct Deposit Request

TRS278 (10-19)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

Name _____	TRS Participant ID or Social Security Number _____		
Address _____			
Street Address or PO Box Number	City	State	Zip Code
Phone Number _____			

ACCOUNT INFORMATION

Name of Financial Institution	_____							
Bank Routing Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>							
Account Type (must select one)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings							
Account Number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr></table>							

The following declaration MUST be completed by all annuitants requesting direct deposit of benefit payments. (select a, b, or c)

- (a) These payments WILL NOT be forwarded to a country outside the United States.
- (b) These payments WILL be forwarded, but less than 100%, to a country outside the United States.
- (c) These payments WILL be forwarded in its entirety (100%) to a country outside the United States.
Specify the name of the country where 100% of payment(s) will be forwarded: _____

I attest, under penalty of perjury, that the ACH payment(s) to be issued by TRS will be sent to my domestic financial institution and account listed above. I have read and understand the statements above and will notify TRS of any change to the intended final destination of these payments.

To: Teacher Retirement System of Texas (TRS)

You are hereby requested to deposit the monthly payments, as well as other eligible payments, payable to me by the Teacher Retirement System of Texas (TRS) directly to the financial institution shown above. I understand that my payments will be transferred to my financial institution and credited to my account electronically, and the funds for monthly payments will be available to me on the last business day of each month. I understand that the first payment of my annuity after submission of this form may be a paper check mailed to my address on file and may not be available to me on the last business day of the month.

I hereby reserve the right to cancel or change this request by written notice to TRS. I understand that it may take up to 45 days for the request to take effect. Additionally, I understand that if TRS is notified that my financial institution has closed my account, TRS will mail my payments to my address on file with TRS until it receives new direct deposit instructions.

This agreement shall not terminate upon my disability.

I hereby authorize TRS, through the Comptroller of Public Accounts, to reverse from the designated account or from my subsequent payments all amounts deposited to the account in error. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, then I agree that TRS may withhold any payments payable to me or, subsequent to my death, to my estate or to any beneficiary(ies) with an interest in my account by TRS until such amount deposited in error is repaid. I hereby authorize the financial institution to disclose information to TRS as indicated on the reverse side of this form.

I further understand that TRS and the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

Signature _____ Date _____

PLEASE ATTACH A VOIDED PERSONALIZED CHECK TO PAGE 2 OF THIS FORM.

IMPORTANT NOTICE: This form is to be used only for the deposit of payments from the Teacher Retirement System of Texas (TRS).

TRS through the Texas Comptroller of Public Accounts has the ability to electronically deposit an annuitant's monthly benefit and certain other payments to an authorized financial institution. The financial institution may be any bank, savings and loan association, or similar institution, or federal or state chartered credit union in which the annuitant has a checking or savings account. In order for TRS to deposit the annuitant's payments into a financial institution, the annuitant must sign the TRS 278 Direct Deposit Request form. **Do not use this form if you intend to transfer your entire monthly TRS benefit from the financial institution shown on the front side of this form to a foreign country.**

INSTRUCTIONS

ANNUITANT INFORMATION

The annuitant's name, social security number or participant ID, mailing address, home telephone number, and work telephone number, if any, should be typed or printed in the appropriate lines.

ACCOUNT HOLDER AGREEMENT

After reading the conditions of the depository agreement, the annuitant, annuitant's attorney-in-fact, or guardian of the annuitant's estate must sign and date the form. If the attorney-in-fact signs the form on behalf of the annuitant, the power of attorney document must be attached to the form. If a guardian signs the form on behalf of the annuitant, the Order and Letters of Guardianship or other legal document must be attached to the form. If you have already provided these legal documents and TRS has accepted them, you do not need to provide an additional copy with this form.

The monthly benefit may only be deposited in an account in which the annuitant has an interest. The routing number should reflect the number for electronic transfers, which may be different from the routing number for the branch bank at which the account is held. The annuitant, by signing this form, authorizes the financial institution to communicate and disclose relevant information to TRS concerning the parties who have an interest in this account and to recover erroneous payments from the account holders. By signing this form, the annuitant represents that the financial institution agrees to accept the electronic transfer from TRS on behalf of the annuitant and verifies that the annuitant is an individual having an interest in the account in which the TRS payments will be deposited.

TERMINATION OF DIRECT DEPOSIT AGREEMENT

This direct deposit agreement shall remain in effect until terminated by:

- cancellation by the annuitant, attorney-in-fact, or guardian by written notice to TRS that gives TRS a reasonable opportunity to act upon such notice; or
- written notice from TRS to the annuitant indicating TRS's termination of the agreement; or
- the closing of the account by the annuitant or authorized legal representative.

A monthly annuity is payable to a TRS annuitant through the month in which the person dies. TRS is authorized by law to send a final monthly payment of an annuity to a financial institution.

PLEASE ATTACH A VOIDED PERSONALIZED CHECK TO THIS FORM.



Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRS7 (08-19)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

Participant Name _____

Social Security Number or TRS Participant ID _____

Name of Employing Institution _____

Was the participant in a TRS membership eligible position in the last school year of employment?
Yes ____ No ____ (If no, only complete effective date of resignation/termination and sign the form.)

Effective Date of Resignation/Termination _____
(month, day, year)

Semester dates for current school year or last school year of employment:

Beginning _____ Ending _____ Beginning _____ Ending _____

Total amount of salary during final month \$ _____

Final Member Contribution of \$ _____ will be included in the _____
report period. (month)

Annual salary paid for final year (**September 1 through termination date**) \$ _____

Has any non-creditable compensation been converted to salary for the above named employee during any
of the last five school years before retirement? Yes ____ No ____

If yes, \$ _____ per month was converted to salary beginning _____
(amount of conversion) (month and year)

CERTIFICATION: I certify the above is true and correct and that the reported "Annual salary paid for final year" does not include any (1) payment for unused sick leave, vacation leave, or compensatory overtime; (2) expense payment; (3) allowance; (4) fringe benefit; (5) drivers education courses in excess of \$5,000 earned outside the regular contract; or (6) other non-creditable compensation referenced in TRS Rule 25.21(d). I also certify that no part of the salary reported for this member represents amounts converted from non-creditable compensation during the last five school years, except as specified above.

Signature of Reporting Official _____

Printed Name of Reporting Official _____

Title _____ Date _____

Do not copy this form as it has been personalized for the TRS member who has requested it.

SEE REVERSE SIDE FOR INSTRUCTIONS



Notice of Final Deposit before Retirement and School Official Certification of Salaries

TRS7 (08-19)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

INSTRUCTIONS FOR TRS PARTICIPANT

- Give this form to your school reporting official when you submit your letter of resignation.

INSTRUCTIONS FOR REPORTING OFFICIAL

- Do not submit an estimated TRS 7 as correct salary information is essential to accurate annuity calculation.
- Submit the form TRS 7 only after the correct final earned salary is confirmed.
- Do not submit this form any earlier than the retirement month.
- An authorized TRS reporting official must sign the TRS 7.
- Mail the completed form to TRS.
- DO NOT FAX or EMAIL the form to TRS.

TRS Membership Eligible Position: Indicate if the participant was in a TRS membership eligible position in the last school year of employment. If the participant was not in a TRS eligible position in the last school year of employment, enter the effective date of resignation/termination and sign the form. Salary information is not needed for participants that were in a non-eligible position.

Effective Date of Resignation/Termination: Enter the effective date of the employee's resignation/termination from the TRS covered employer. Termination does not occur until the employee's official resignation date and the employee has ceased all employment, including employment in a non-TRS eligible position. For retirement purposes, employment has not terminated if the employee is on paid or unpaid leave.

Semester Dates for Current School Year or Last Year of Employment: Enter the beginning and ending dates of fall and spring semesters for the school year in which the employee was last employed. These dates are especially important for employees who retire mid-year.

Total Amount of Salary During Final Month: Enter the amount of all creditable compensation that will be reported on the last regular payroll report (RP20) for this employee. This could include salary paid in a month after retirement if it was earned by the retirement date. Include any amounts converted from non-creditable compensation. TRS will make adjustments to the reported salary, if needed.

Final Member Contribution: Enter the amount of the final regular monthly retirement contribution that will be reported. **Do not include the member TRS-Care contribution in this amount.**

Final TRS Report: Enter the month that the employee's final deposit will appear on the regular payroll report (RP20).

Annual Salary Paid for Final Year: Enter the total creditable salary for the employee's school year to **include the final salary payment**. Include all creditable salary earned between September 1 and the effective date of termination. Include any amounts converted from non-creditable compensation. TRS will make adjustments to the reported salary, if needed.

Conversion of Non-Creditable Compensation to Salary: Indicate if non-creditable compensation has been converted into salary and wages in any of the last five school years prior to retirement. If the member was not employed by your district or institution in all five of the last school years, include information on the years the member was your employee. If yes, enter the monthly amount that was converted and the month and year that the conversion occurred. Only compensation converted after the 2005-06 school or contract year will be excluded in calculating benefits. TRS will make any adjustments needed to the compensation reported. However, compensation in the form of accrued paid leave or accrued compensatory time for overtime worked cannot be converted to TRS-creditable compensation and is excluded from TRS-creditable compensation at all times. Upon request of TRS, you may be asked to provide documents or records regarding the conversion of any non-creditable compensation to salary.



Acceptable Proof of Age Documents

TRS13 (04/18)

www.trs.texas.gov
1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778

Please do not send original documents that you want returned to you. TRS will accept legible unaltered copies of the original document. Please indicate on any birth record submitted the Social Security number of the member in whose file the document is to be placed and the Social Security number of the beneficiary if he or she is also a member. If there is any question concerning a copy of any birth record, a certified copy and other information may be required.

- **STATE ISSUED DRIVER LICENSE OR STATE ISSUED ID CARD** showing the individual's date of birth. Current or expired is acceptable .
- **U.S. OR STATE ISSUED MILITARY ID** showing the individual's date of birth. Current or expired is acceptable
- **U.S. PASSPORT** showing the individual's date of birth. Current or expired is acceptable.
- **BIRTH CERTIFICATE** a copy of the complete document clearly showing the individual's full name and date of birth. The birth certificate must also reflect the signature of a County Judge, County Clerk, Deputy or Registrar.
- **DELAYED BIRTH CERTIFICATE** issued by the state in which birth occurred. If born in Texas, consult the County Clerk of the county in which the residence is maintained for application forms and instructions. If born in another state, consult that state's Bureau of Vital Statistics for application forms and instructions.
- **UNITED STATES DEPARTMENT OF COMMERCE BUREAU OF CONSENSUS REPORT** stating the age of the individual at a census year when the individual was less than 20 years old.
- **BAPTISMAL RECORD OR PARISH RECORD** wherein the age of the individual at the time of baptism is given.
- **FAMILY BIBLE RECORD** the date of birth of the individual was recorded at or near the time of birth. The publication date of the Bible must be reflected and must be a date prior to the individual's date of birth. The Teacher Retirement System of Texas (TRS) will supply the proper affidavit forms and instructions upon request.
- **LETTER FROM SOCIAL SECURITY ADMINISTRATION** indicating the date of birth accepted by the Social Security Administration. This letter must be signed by an official of the Social Security Administration.
- **NATURALIZATION OR CITIZENSHIP PAPERS** showing the individual's date of birth.
- **ALIEN REGISTRATION CARD** showing the individual's date of birth.
- **HOSPITAL BIRTH RECORD** signed by the administrator or custodian of records of the hospital.