



REQUEST FOR ESTIMATE OF RETIREMENT BENEFITS

Please provide estimates for the following retirement date(s): _____
 (We cannot prepare an estimate for you without a tentative retirement date.)

1. Name Mr. Miss
 Mrs. Ms. _____ Social Security No. _____

Mailing Address _____

City _____ State _____ Zip _____

Work Phone Number (_____) _____ Home Phone Number (_____) _____

Member's Date of Birth _____ Marital Status: Single Married Widowed Divorced

2. Whom do you plan to name as beneficiary at retirement? _____

Beneficiary's Relationship _____ Beneficiary's Date of Birth _____

Is beneficiary a TRS member? Yes No If "yes," beneficiary's social security no. _____

3. Are you retiring due to a permanent disability? Yes No

4. School District _____ Position(s) Held _____

5. Have you changed positions in the last five years? Yes No

If "yes," former position _____ Date of change _____

6. How many months/days do you normally work each school year under the terms of your employment contract or agreement? _____ months _____ days.

7. Do you work in a year-round school? _____ If "yes" and school is multi-track, which track? _____

8. Beginning date of your service for the current school year _____

Ending date of your service for the current school year _____

9. Annual compensation for current school year \$ _____

10. Total years of service in Texas public education (including current year if employed) _____

11. Do you have any unpaid special service you wish to purchase? Yes No

If "yes", specify what type(s) of service: _____

If withdrawn service, date(s) of withdrawal _____ School District(s) _____

Under what name(s)? _____

12. Do you have an active or withdrawn account with Employees Retirement System (ERS)? Yes No

13. Do you have an active or withdrawn account with any other Texas public retirement system? Yes No

I understand that this is not an official application for retirement nor an official designation of beneficiary.

Member's Signature _____ Date _____