



Service Retirement Application

TCDRS-22
REV. 1/2015
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Congratulations on your retirement!

Deciding to retire is one of the most important life decisions you will make and TCDRS is here to help you. TCDRS Member Services can help you make the decision that is best for you and your loved ones. Some of the topics you can discuss with TCDRS Member Services are:

- Do you need to provide income for someone else?
- What monthly benefit payment option is best for you?
- What retirement date is best for you?

You can estimate your monthly benefit payment and view the retirement planning information online at www.tcdrs.org. You may want to run various benefit estimates so you have the knowledge to make the right retirement decision for you and your loved ones.

Completing your retirement forms

Forms to complete for retirement:

- Retirement Application (TCDRS-22)
- Retirement Benefit Options (TCDRS-23)
- Direct Deposit Authorization (TCDRS-70)
- Income Tax Withholding (TCDRS-73)

Documents to submit with your application:

- Photocopy of your driver's license (or other government issued photo ID)
- Photocopy of your beneficiary's driver's license (or other government issued photo ID) if you select a Dual Life benefit payment option

Please have your employer certify this completed application. If you need another form to name additional beneficiaries in the beneficiary section of the Retirement Benefit Options (TCDRS-23) form, please visit the TCDRS website and download the Annuitant Beneficiary Designation form (TCDRS-85).

Once we receive your application, we will send you a confirmation within two weeks. You are able to change your benefit payment option until your first payment is issued.

When to expect your first monthly benefit payment

Your benefit payments begin the last day of the month following your effective retirement date. For example, if your retirement date is March 31, 2015, your first monthly benefit payment will be issued by April 30, 2015.

Other important information

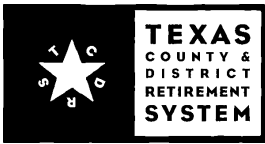
- You must terminate your employment with the employer you are retiring from before your retirement date.
- You have until 6 months after your retirement date to submit your retirement application. If you submit your retirement application after your intended retirement date, you will receive retroactive payments from the intended retirement date.
- If you have more than one TCDRS account, you can make different elections for each account by submitting the appropriate separate forms.
- Please complete and return all pages of your retirement application and make sure all required signatures are on your application.

Social Security Notice

The IRS and Texas law require that we have a Social Security number for every TCDRS account. Payments from your account, by withdrawal or retirement, are reported to the IRS. Your Social Security number is also used to verify your identity when you make changes to or request information about your account.

If you have questions, please visit www.tcdrs.org or call TCDRS Member Services at **800-823-7782**.

Any corrections or whiteouts must be initialed.



Service Retirement Application

YOUR INFORMATION

EMPLOYER NAME *			ACCOUNT NUMBER	
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *	
MAILING ADDRESS *		CITY *	STATE *	ZIP *
EMAIL ADDRESS		HOME PHONE	MOBILE PHONE	

TEXAS PUBLIC RETIREMENT SYSTEM ACCOUNTS

Do you have service with another retirement system to use toward qualifying for retirement?

Employees Retirement System of Texas (ERS)
 Teacher Retirement System of Texas (TRS)

Texas Municipal Retirement System (TMRS)
 Judicial Retirement System of Texas (JRS)

City of Austin Employees Retirement System (COAERS)

Have you been employed with more than one county or district? If so, please specify from which county/district you would like to retire, or select All Counties/Districts.

All Counties/Districts
 Specific County/District:

YOUR CERTIFICATION

I understand my retirement will be canceled if I have a commitment from my current employer to be rehired. Additionally, I further understand my retirement will be canceled if I return to work for my current employer in the month following my retirement. I select the following retirement date:

MEMBER RETIREMENT DATE (MM/YYYY) *	
SIGNATURE X	DATE

EMPLOYER CERTIFICATION

I verify that this employee is terminating employment with no arrangement or agreement to be rehired. Additionally, If this employee is rehired by this county/district and there is less than one full calendar month separation from employment, then the employee will be advised that his/her retirement is canceled. I also understand that by not following this separation from employment, my organization could lose its qualified plan status with the IRS and that will be extremely costly to my organization.

MEMBER TERMINATION DATE (MM/DD/YYYY) *	
EMPLOYER CONTACT NAME	EMPLOYER CONTACT TITLE
SIGNATURE X	DATE

* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.