

## Request for Estimate of Retirement Benefits

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



Name			TRS Participa	nt ID	
Address			-		
Street Address or Box Number		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 of	lisability?		Yes	No	
Whom do you plan to name as beneficiary at retirement?					
Beneficiary's relationship					
Benefic	ciary's date of birth				
Ве	neficiary's Gender		Male	Female	
Is the beneficiary	a TRS member?		Yes	No	
If "yes", please provide the planned beneficiary's Social Security number.					
Are you currently working for a TRS-o	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 (Check all that apply)  Previously Withdrawn TRS Service Unreported Service and/or Compensation Substitute Service (requires at least 90 days of substitute service in a school year) Out-of-State Service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			