



Request for Estimate of Retirement Benefits

TRS18 (09-16)

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

Name _____ TRS Participant 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 disability? Yes No

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

Beneficiary's relationship _____

Beneficiary's date of birth _____

Beneficiary'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-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- Previously Withdrawn TRS Service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
- Judicial Retirement System of Texas
- Texas Municipal Retirement System
- Austin Police Retirement System
- 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 _____